



CITY OF OXFORD

---

ANNUAL REPORT  
of the  
MEDICAL OFFICER  
OF HEALTH

for the year

1953

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MADAM CHAIRMAN, LADIES AND GENTLEMEN,

This is my sixth Annual Report and is compiled in accordance with Ministry of Health Circular 1/54.

The vital statistics for 1953 are generally satisfactory. The infant mortality rate remains very low and the neonatal mortality rate is the lowest on record. This, together with the fact that the stillbirth rate was once again well below the national level and that there was no death associated with childbirth is further proof of the excellent maternity services provided in this city.

The death rate was a little above the average for the past ten years, but this was due entirely to a new arrangement made by the Registrar-General which came into effect at the beginning of the year and under which deaths occurring in Cowley Road Hospital, of patients residing in other areas prior to admission, were no longer transferable to the area concerned. A vigorous protest was made immediately and, after prolonged argument, it has finally been agreed that, as from the beginning of 1954, these deaths will once again be transferable. Apart from this factor, the death rate for the city would have been very low.

Deaths from cancer remained about the same level as the last four years and, although there were slightly fewer deaths from cancer of the lung in males, this figure is still comparatively very high and most of these deaths take place in the age-group 45—65. There has been much discussion during the year on the relationship between smoking and cancer of the lung, and it might be helpful to quote the very carefully worded statement of the Minister of Health, made in Parliament on Friday, 12th February, 1954. Mr. Macleod, having received the advice of the Advisory Standing Committee on Cancer and Radiotherapy said:—

“I accept the committee’s view that the statistical evidence points to smoking as a factor in lung cancer, but I would draw attention to the fact that there is so far no firm evidence of the way in which smoking may cause lung cancer or of the extent to which it does so. Research into the causes of lung cancer has been pressed forward by the Government and by other agencies in view of the increase in the incidence of this disease, and we must look to the results of its vigorous pursuit to determine future action.”

It seems to me that there is sufficient evidence to justify a warning of the risk attendant on excessive smoking; a risk which appears to increase with the amount smoked, particularly of cigarettes.

Looking at the figures for cancer deaths of other sites, it was noted that there were nearly three times as many deaths from cancer of the stomach in males as compared with females, which is an unusually high proportion.

The birthrate has shown a very slight increase for the fourth consecutive year—a trend which has much to commend it. The illegitimate



birthrate showed a slight reduction compared with the high level of the last two years.

The ambulance service once again dealt with a greater number of patients, with a decrease in total mileage. The former can be mainly attributed to the expanding outpatient facilities, particularly at the Churchill and Cowley Road Hospitals, whilst the decrease in mileage was due to a greater use of rail travel, the purchase of an increasing number of Utilecon vehicles, and radio-control. Towards the end of the year, the remaining work undertaken by the W.V.S. hospital car service was finally absorbed into the ambulance service and this is perhaps an appropriate occasion on which to express grateful thanks to all W.V.S. car drivers who have assisted in this important work over a most difficult period of time. It is good to know that such a service would again be available should an emergency arise. The ambulance fleet is now reasonably up to date, the oldest vehicle having been registered in 1948. Radio-control has again amply demonstrated its value in improved efficiency and in the avoidance of an increase in staff and vehicles, in spite of the greater demands made on the service. It is hoped that 1954 will see the commencement of building operations for the new ambulance depot which is now long overdue.

During the year there has been a good deal of discussion concerning the work of *health* visitors and the Ministers of Health and Education and the Secretary of State for Scotland have set up a working party, of which your Medical Officer of Health is a member, to enquire into "the proper field of work and the recruitment and training of health visitors in the National Health and School Health Services." Towards the end of the year, a successful attempt was made to get closer co-operation between general practitioners and health visitors. Discussions were held with groups of medical practitioners and it was agreed to allocate a health visitor to each doctor, with the intention that they should meet each other from time to time and so develop a closer working arrangement. Great good will was shown by all the doctors and health visitors and a much closer working relationship is already apparent.

The work of the home help service showed a further decrease on the maternity side, with a big increase in relation to the aged and chronic sick. An increasing proportion of the latter require continuous help over long periods. In an attempt to cut down so-called "idle time", the establishment of full-time home helps was considerably reduced. As a result a few applications from needy cases have had to be refused and it would be unwise to reduce this service any further.

There was an improved staffing position in the home-nursing service, but even this proved inadequate to meet present needs and an increased establishment has been agreed as from 1st April, 1954. More patients have been treated with a marked increase in the number of visits required. The main factors responsible for this increased work have been earlier hospital discharge, the ever-increasing number of antibiotic and other



injections prescribed, and the greater number of old people requiring domiciliary nursing care. With regard to the latter point, it is significant that half the total visits were paid to patients over 65.

The domiciliary occupational therapy service continued to expand and reached saturation point with a total load of 90 patients, of which about half are suffering from tuberculosis. A weekly class held at the occupational therapy centre at The Laurels for domiciliary ambulant patients was started during the year. The value of the retail shop for the sale of goods made by handicapped workers was most evident. There is a need for a sheltered workshop acting as a stage between the domiciliary occupational therapy service and normal employment. Such a sheltered workshop would include the blind workers who, at the moment, are scattered in three not very satisfactory centres.

With regard to the infectious diseases, there was once again no case of smallpox, typhoid fever, or diphtheria. There was no influenza outbreak during the year. Six cases of poliomyelitis occurred and all appear to be making reasonably good recovery, although one young child is likely to be left with a badly affected arm. There was an increase in scarlet fever, whooping cough, and measles. With regard to the latter, 1953 was the heaviest measles year since notification of this disease was introduced in 1940. There were no deaths from scarlet fever or measles, and one death from whooping cough. Five cases of meningococcal infection occurred, with one death. There were two small outbreaks of Sonne dysentery centred at St. Barnabas and St. Thomas' Schools. There was very little evidence of food-poisoning and no definite outbreak. Winter vomiting disease (epidemic nausea and vomiting) was prevalent towards the end of the year. There was an outbreak of mild infective hepatitis centred on Wolvercote School. There has been no ringworm of the scalp since July, and the number of cases of scabies and pediculosis remains small.

With regard to tuberculosis, there was an increase in the number of notifications over the record low level of last year and also an increase in the number of deaths, but most of the latter occurred in older patients suffering from the chronic type of disease. New cases continue to respond well to modern therapy. Of the 22 deaths reported, 5 patients had not been notified before death, due no doubt to the fact that tuberculosis had not been diagnosed during life. In this respect it would be very worthwhile and sound preventive medicine if general practitioners would exclude the possibility of tuberculosis in their more elderly patients suffering from chronic respiratory symptoms. The new general practitioner X-ray centre at 112 Banbury Road, Oxford, should enable general practitioners to obtain chest X-rays of such patients more easily than hitherto. Energetic action has continued in the direction of examination of all close contacts of new cases. B.C.G. immunisation was carried out on 151 contacts, all of whom converted, and there were no complications.

Schemes are now in course of preparation for the extension of B.C.G. immunisation to school children between the ages of 13 and 14.

The number of new patients infected with venereal disease remains low. Only 11 new cases of syphilis came to light and, of these, only 2 were recently acquired infections. There was a decrease in the male incidence of gonorrhoea, but, for the third year in succession, the number of cases of gonorrhoea amongst females increased, although the total number of 13 cases in 1953 is still relatively small.

It is again satisfactory to report that there has been no falling off in diphtheria immunisation or in vaccination against smallpox. In fact, the latter has again increased and now stands at 58% compared with a national figure for 1952 of 30.8%. Whooping cough immunisation is now part of the normal immunological work carried out at all child welfare clinics. This is a popular procedure with parents and an increasing number of children are being protected during their first year of life, which is the most dangerous period. We are proud of the volume of immunological work which is now undertaken at all our child welfare clinics and we attribute this success to the good sense of Oxford parents and to the effective health teaching of doctors and health visitors and perhaps, more than anything else, to the relative ease with which any of these procedures can be carried out each week at every child welfare clinic in the city.

The domiciliary midwifery service continued to play an important role in the midwifery services of the city. There was no maternal death, no neonatal death, and only three stillbirths (two had severe congenital deformities) amongst the 524 home births. This is a fine record indeed. No less than 94% of all patients delivered at home had the benefit of gas and air analgesia. The scheme outlined in last year's report for the fullest possible co-operation with general practitioners has continued to the satisfaction of all concerned. The general practitioner is gradually taking more and more responsibility for the antenatal care of his patients and this is reflected in the attendances at the city antenatal clinics, which have continued to diminish. It was decided to close Donnington antenatal clinic in March, 1954, as a result of the small attendance. Four general practitioners now hold regular antenatal sessions for their maternity patients at their own surgeries and one of the city midwives attends routinely on these occasions. Our investigation into anaemia in pregnancy has demonstrated conclusively that the haemoglobin level can be maintained at over 90% in practically all patients provided there is regular and routine administration of iron throughout pregnancy. Routine haemoglobin estimations are now regarded as an essential part of the antenatal care of all patients attending the city clinics. Post natal examinations are now undertaken almost entirely by general practitioners and it is estimated that this important examination was carried out in 80% of patients. Hospital confinements totalled 60%, domiciliary confinements 35%, and births in private maternity homes 5%; figures which



have remained fairly constant since 1948. The Ministry of Health has taken the view that a figure of 50% for hospital confinements is sufficient to allow for the admission of all mothers with obstetric or social needs so that the proportion of hospital confinements in this city appears to be running at an unnecessarily high level.

The child welfare section of the report contains detailed information concerning the care of premature babies which, on the basis of a birth-weight of  $5\frac{1}{2}$ -lbs., or under, comprise 5.5% of all live births. There is excellent co-operation between the domiciliary and hospital services in the care of these underweight infants.

The attendances at child welfare clinics have remained excellent. An estimation of the medical work carried out at these clinics shows that 50% of the doctors' time is now spent in prophylactic injections, 22% in routine medical examinations, and 28% in dealing with consultations concerning minor health problems. An attempt is being made to carry out a routine medical examination of every child at each birthday until school attendance age is reached, but the importance of these examinations is not yet sufficiently realised by some parents. The first routine school medical examination still reveals far too many defects, many of which should have been spotted and dealt with at a much earlier age. The scheme for routine tuberculin jelly testing as part of birthday examinations continued and 7 positive reactors, out of 1,415 (0.45%) children tested, were found. Two of these children had active lung lesions requiring treatment and there was one unsuspected case of tuberculosis found amongst family contacts.

The number of children attending Botley Road Day Nursery decreased substantially during the year as a result of which it was decided to reduce the number of places from 40 to 30, with a corresponding reduction in staff. The other nursery at Florence Park remained full.

Expectant mothers attending the city antenatal clinics are encouraged to visit one of the dental clinics for dental examination and treatment, unless they prefer to receive this through a general dental practitioner. Parents of children attending the child welfare clinics for the third birthday examination are also strongly advised to have their children's teeth examined either by their own dentist or at one of the dental clinics. The dental staffing position still precludes the development of a full maternity and child welfare dental Service.

Both admissions to and discharges from mental hospitals increased during the year and, as a result, these hospitals remained overcrowded. No less than 57% of admissions were voluntary patients. There has been a welcome reduction in the number of old people over 70 admitted to mental hospitals. With regard to mental deficiency, there has been a slight easing in the waiting-list for institutional accommodation. The new occupation centre came into use on 25th January, 1954, and a flourishing Parents' Association has been established.



Barton End, our second new home for old people, was opened on 1st April, 1953, and, with a ground floor extension now in the planning stage, will cater for 46 old people. The overcrowding at The Laurels is still marked, although there has been slight relief during the year. There is a steady waiting-list of about 60 deserving cases for vacancies in our old people's homes so that further accommodation must be envisaged.

The problem of dealing with "permanent" occupiers of temporary accommodation provided at The Laurels for homeless families was energetically tackled during the year. Seven families had taken up more or less permanent residence in this temporary accommodation and, in September, eviction notices were served. The co-operation of the Children's Department had previously been obtained, with a promise that accommodation would be provided for any children found to be in need of care as a result of the action taken. All the families left The Laurels on or before the expiry date of the eviction notice and in only two cases was it necessary for the Children's Department to provide shelter. There has been no further trouble with regard to the provision of temporary accommodation.

A scheme for the provision of welfare services for handicapped persons other than the blind and partially-sighted has not yet been accepted, but authority has been obtained to appoint the necessary staff in order to ascertain the precise need.

During the year, the Oxford Council of Social Service, with the advice of your Medical Officer of Health, sponsored a most valuable chiropody service in connection with each of nine old people's clubs in the city.

Housing remains the most important environmental factor affecting the physical, mental, and moral health of the community. A detailed survey of about 6,000 houses is being undertaken preparatory to action under the Housing Repairs and Rent Bill now before Parliament.

The year has seen a good deal of activity in relation to atmospheric pollution. Smokeless zone powers were obtained in the Oxford Corporation Act, 1953, and action has already commenced in connection with an initial central smokeless zone of approximately 100 acres, which it is hoped to extend eventually to include all areas within  $\frac{3}{4}$ -mile radius from Carfax. The University has shown a keen interest in such matters and has co-operated in a survey of existing atmospheric pollution in which eight sulphur recorders have been sited strategically throughout the city.

Steady progress continues to be made in the "Clean Food" campaign. As from 1st April, 1954, the city is included in a Special Designation Area in which only heat-treated or tuberculin tested milk may be sold. At the time of writing this report, there is much activity in relation to future arrangements for slaughtering, following de-control in July, 1954. Planning for the future is made difficult by the absence of any Government decision about the siting of a modern abbatoir so badly needed in this area.

Responsibility for the Ambulance and Welfare Sections of the Civil Defence Corps continued to occupy part of the time of various members of the staff of the Health Department.

Dr. A. L. Ormerod, who held the appointment of first full-time Medical Officer of Health to the city from 1902 to 1929, died during the year. It was a great privilege for me to have the opportunity of meeting such a distinguished predecessor. His name is legendary throughout the Health Department and particularly in the School Health Section in which perhaps he found the happiest outlet for his talents. He was a well-loved Chief and both the Health Department and the City are grateful for the great services which he rendered during his long period of office.

Miss W. Pratt also died during the year. She was the senior member of the health visiting staff and for fifteen years had carried out her work most ably and conscientiously. She was a most valuable member of the staff and her loss at such an early age is felt by all her colleagues and particularly by the mothers in the Headington area, for whom she had done so much.

During the year, Dr. J. B. M. Davies left to take up his new appointment as Deputy M.O.H. to the City of Liverpool. We were all sorry to lose Dr. Davies, who had done such excellent work in his relatively short stay in the Department, but his promotion to such an important post was a tribute not only to himself but to Oxford.

I should also like to refer to the retirement of Miss M. R. H. Buck, who had occupied the position of Senior Mental Health Visitor for a long period of time and throughout many changes in the administration of the mental health services. Miss Buck had the ideal temperament for her work and she carried out her duties with great tact and sympathy and with a never failing sense of humour. We all wish her the very happy retirement which has been so well earned.

Although I am responsible for this Report, many members of my staff, some named and others not mentioned personally, have contributed to it, and it is a very real pleasure and privilege to acknowledge, once again, the willing and able support I have received from all members of my staff throughout the year.

Finally, I should like once again to thank most sincerely you, Madam Chairman, and all Members of the Health Committee, for the encouragement and kindly consideration extended to me and members of my staff throughout the year.

Yours faithfully,

J. F. WARIN,

*Medical Officer of Health.*



## SECTION I

## COMMITTEE MEMBERS

## HEALTH COMMITTEE

*Chairman:* Alderman Mrs. HARRISON-HALL.*Vice-Chairman:* Councillor Mrs. E. GIBBS.

Alderman BLACKLER.

Councillor HARRISON.

„ CAPEL.

„ KYNNEERSLEY.

„ Mrs. PRICHARD.

„ MEADOWS.

„ SMEWIN.

„ MOORHOUSE.

Councillor BROMLEY

„ Mrs. PACKFORD.

„ CHURCH.

„ Mrs. REES.

„ COLLAR.

„ Mrs. SOMERVILLE.

„ DENT.

„ WARRELL (Sheriff).

Mrs. M. HOUGHTON } representing the Oxford County and City Executive Council.  
 Miss O. ALLAWAY }

Mr. J. G. ROBINSON, representing the United Oxford Hospitals.

## MATERNITY AND CHILD WELFARE SUB-COMMITTEE

*Chairman:* Alderman Mrs. PRICHARD.*Vice-Chairman:* Councillor Mrs. PACKFORD.

Alderman Mrs. HARRISON-HALL.

Councillor Mrs. REES.

Councillor Mrs. E. GIBBS.

„ Mrs. SOMERVILLE.

„ MOORHOUSE.

„ WARRELL (Sheriff).

Mrs. COATE.

Mrs. DEAN.

Miss HAIG-BROWN

} co-opted.

## MATERNITY FINANCE SECTION

*Chairman:* Alderman Mrs. PRICHARD.*Vice-Chairman:* Councillor Mrs. PACKFORD.

Councillor Mrs. REES.

Mrs. DEAN.

„ Mrs. SOMERVILLE.

## MOTHER AND BABY HOSTEL HOUSE SECTION

*Chairman:* Miss HAIG-BROWN.*Vice-Chairman:* Mrs. DEAN.

Alderman Mrs. PRICHARD.

Mrs. COATE.

Councillor Mrs. PACKFORD.

## MENTAL HEALTH SUB-COMMITTEE.

*Chairman:* Alderman Mrs. PRICHARD.*Vice-Chairman:* Councillor WARRELL (Sheriff).

Alderman Mrs. HARRISON-HALL.

Councillor MEADOWS.

Councillor CHURCH.

„ Mrs. PACKFORD.

„ DENT.

„ Mrs. SOMERVILLE.

„ Mrs. E. GIBBS.

Mrs. H. C. BROWN, J.P. } co-opted.  
 Miss M. R. H. BUCK }



**WELFARE SERVICES SUB-COMMITTEE.***Chairman:* Councillor Mrs. E. GIBBS.*Vice-Chairman:* Councillor MEADOWS.

Alderman BLACKLER.

Councillor DENT.

,, Mrs. HARRISON-HALL.

,, KYNNEERSLEY.

Councillor BROMLEY.

,, Mrs. PACKFORD.

,, COLLAR.

,, WARRELL. (Sheriff)

Mr J. G. ROBINSON. (Co-opted)

**WELFARE SERVICES HOUSE SECTION.***Chairman:* Councillor Mrs. E. GIBBS.

All members of the Welfare Services Sub-Committee.

**GENERAL PURPOSES SUB-COMMITTEE.**

The Chairman and Vice-Chairman of the Health Committee, and of the Maternity and Child Welfare, Mental Health and Welfare Services Sub-Committees, *ex-officio*.

*Representatives on Joint Ambulance Committee:*

Alderman Mrs. HARRISON-HALL.

Councillor HARRISON.

Councillor Mrs. E. GIBBS.

*Representatives on Oxford Voluntary Tuberculosis Care Committee:*

Alderman Mrs. HARRISON-HALL.

Councillor HARRISON.

Councillor CHURCH.

,, MEADOWS.

**HOUSING COMMITTEE***Chairman:* Alderman Lady TOWNSEND.*Vice-Chairman:* Councillor SPOKES.

Councillor CHAPLIN.

Councillor KEITH-LUCAS.

,, CHESTER.

,, ORGAN.

,, CHURCH.

,, Mrs. PACKFORD.

,, DENT.

,, PICKSTOCK.

,, Mrs. GOULTON-CONSTABLE.

,, SIMONS.

## HEALTH DEPARTMENT STAFF.

*Medical Officer of Health:*

J. F. WARIN, M.D., D.P.H.

*Deputy Medical Officer of Health:*

J. B. M. DAVIES, M.D., D.P.H. (Resigned 30.4.53).

J. F. SKONE, M.D. D.P.H., D.C.H., D.I.H. (Commenced 1.5.53).

*Senior Assistant Medical Officer for Maternity and Child Welfare:*

M. FISHER, B.Sc., M.R.C.S., L.R.C.P., M.M.S.A., D.C.H.

*Assistant Medical Officers of Health:*

B. G. ANSCOMBE, M.B., Ch.B., D.R.C.O.G.

A. D. SURTEES, M.B., Ch.B., D.C.H. (Resigned 31.7.53).

E. J. COULTER, M.B., Ch.B.

J. F. SKONE, M.D., M.R.C.S., L.R.C.P., D.P.H., D.C.H., D.I.H. to 30.4.53.  
(Appointed Deputy Medical Officer of Health 1.5.53).

G. M. O'DONNELL, M.B., B.Ch., D.P.H. (Commenced 16.5.53).

G. F. WILLSON, M.D., M.R.C.S., L.R.C.P., D.P.H. (Commenced 6.7.53).

*Consultant Tuberculosis Officer (part-time):*

F. RIDEHALGH, M.D., F.R.C.P.

*Principal Dental Officer:*

C. H. I. MILLAR, B.Sc., L.D.S.

*Assistant Dental Officer:*

J. D. W. BARNETT, L.D.S., R.C.S. (Eng.). (Commenced 1.1.53).

*Dental Attendant:*

Miss S. MORRIS.

*Chief Sanitary Inspector:*

W. COMBEY, D.P.A., M.R.San.I., A.M.I.San.E. (b) (c) (d) (e).

*Deputy Chief Sanitary Inspector:*

C. H. CLARKE (a) (c).

*District Sanitary Inspectors:*

K. ENGLAND (b) (c).

D. WATSON (b) (c) (e).

R. C. STENTIFORD (b) (c).

J. P. MULLARD (b).

K. W. CLEMENT (b) (c).

A. F. PAVEY (b) (c).

E. G. DUNN (b) (c).

J. G. SCOTT (b) (c).

(a) Sanitary Inspector's Certificate, Royal Sanitary Institute.

(b) Sanitary Inspector's Certificate, Sanitary Inspectors' Joint Board.

(c) Meat and Food Inspectors' Certificate, Royal Sanitary Institute.

(d) Sanitary Science Certificate, Royal Sanitary Institute.

(e) Smoke Inspectors' Certificate, Royal Sanitary Institute.

*Disinfectors:* 1. *Outside Sanitary Assistants:* 5.

*Superintendent Health Visitor:*

Miss D. BROWN (a) (b) (c) (d).

*Health Visitors:*

Miss W. PRATT (a) (b) (c) (d). (Deceased 4.5.53).

Miss G. DAVIES (a) (b) (c).

Miss J. BARNETT (a) (b) (c).

Miss E. GILBERTSON (a) (b) (c). (Resigned 18.4.53).

Miss M. SALMON (a) (b) (c).

Mrs. B. EAGLE (a) (b) (c).

Miss L. BECKLEY (b). (Temporary.)

Miss E. JOHN (a) (b) (c). (Resigned 19.8.53).

Miss K. GREGORY (a) (b) (c).

Miss H. SPICKERNELL (a) (b) (c).

Miss J. PINDER (a) (b) (c). (Resigned 12.9.53)

Miss D. BREE (a) (b) (c).

Miss D. PYLE (a) (c).

Miss B. HODGSON (a) (b) (c). (Commenced 16.3.53. Resigned 24.10.53).

Miss E. BILLINGTON (b) (e). (Commenced 1.9.53.)

Mrs. K. M. GILBY (a) (b) (c). (Commenced 7.9.53).

Miss G. M. LAWRENCE (a) (b) (c). (Commenced 15.9.53).

Miss K. BAYLIS (a) (b) (c). (Commenced 15.9.53).

*Students:* 7.

*Clinic Nurses:* 1.

*Non-medical Supervisor of Midwives:*

Miss P. V. NEEDHAM (a) (b).

*Midwives:*

Mrs. A. E. GODFREY (a).

Miss F. ELDRIDGE (a).

Miss D. INNESS (a) (b).

Miss P. MILLAR (a) (b).

Miss J. COLLIER (a) (b). (Resigned 30.9.53).

Miss M. J. HARMAN (a) (b). (Commenced 1.4.53).

Miss E. M. VINER (a) (b). (Commenced 2.11.53).

*Mother and Baby Hostel:*

Mrs. B. HUMPHRIES (a) (b). Matron.

Miss F. BOLTON, C.N.N. Deputy Matron.

*Nurseries:*

*Florence Park Day Nursery:*

Mrs. E. PEARCE (a) (b). Matron.

Miss H. G. HARRIS, C.N.N. Deputy Matron.

2 Nursery Nurses.

3 Nursery Students.

3 Probationer Nursery Students.

(a) State Certified Midwife.

(b) State Registered Nurse.

(c) Health Visitor's Certificate, Royal Sanitary Institute.

(d) State Registered Fever Nurse.

(e) Certificate, British Tuberculosis Association.



*Botley Road Day Nursery:*

Miss G. M. NIXEY, C.N.N. Matron.  
 Miss E. W. TURRILL, C.N.N. Deputy Matron.  
 2 Nursery Nurses.  
 1 Nursery Student.

*Home Helps:*

Miss W. OGILVIE. Organiser.  
 Miss M. CREEDY. Assistant Organiser.

*Occupational Therapists:*

Miss E. M. TARGETT, M.A.O.T.  
 Miss M. WRIGHT, M.A.O.T. (Part-time). (Resigned 30.11.53).  
 Miss S. J. HUINS, M.A.O.T. (Part-time). (Commenced 30.11.53).

*Almoners:*

Miss E. NEVILLE (Blind Welfare).  
 Mrs. D. HICKS (Tuberculosis). (Part-time.)  
 Miss N. COGGIN (Venereal Diseases). (Part-time.)

*Mental Health.*

Miss M. BUCK. Senior Mental Health Visitor. (Retired 31.8.53).  
 A. ROBERTSON. Authorised Officer to 31.8.53. Senior Mental Health Officer from 1.9.53.  
 D. A. PURRETT. Assistant Mental Health Officer.  
 Mrs. M. FULFORD. Assistant Mental Health Officer. (Commenced 1.6.53).  
 Mrs. P. M. BETT. Clerical Assistant. (Commenced 2.3.53).

*Occupation Centre:*

Miss O. WARBURTON. Supervisor.  
 4 Assistant Teachers.

*Welfare Services:*

J. C. DAVENPORT. Chief Welfare Services Officer.  
 J. HADFIELD. Senior Assistant Welfare Services Officer.  
 Miss E. M. REEVES, S.R.N., S.C.M., H.V.Cert. Assistant Welfare Services Officer.  
 Mrs. E. E. DEAN. Home Teacher to the Blind. (Commenced 1.4.53).  
 E. HILLS. Supervisor, Blind Workshops.  
 N. BOWLEY. Manager, Retail Shop.

*The Laurels:*

C. A. R. McCAY, F.R.C.S., D.P.H. Medical Officer. (Part-time.)  
 Miss E. SAMPSON, M.B.E., S.R.N. Matron.  
 V. C. FERRIMAN. Senior Male Officer.  
 Miss M. L. ANNAND SMITH. Chiropodist. (Part-time.)  
 3 Assistant Nurses.  
 5 Female Attendants.  
 7 Male Attendants.

*Frilford House:*

J. O. W. DICK, M.B., B.Ch. Medical Officer. (Part-time.)  
 Miss M. E. JONES, S.R.N. Matron.  
 Miss N. GREGORY. Assistant Matron. (Resigned 31.5.53).  
 Miss A. COTGREAVE, S.R.N. Senior Assistant. (Commenced 13.6.53).

*Barton End:*

C. A. R. McCAY, F.R.C.S., D.P.H. Medical Officer. (Part-time).

C. ANDREW. Warden. (Commenced 1.2.53).

Mrs. B. E. ANDREW. Housekeeper. (Commenced 1.2.53).

*Administrative:*

H. G. ANNELY. Chief Administrative Assistant.

T. D. THOMSON. Senior Administrative Assistant.

Miss J. R. ROGERS. Medical Officer's Secretary.

Miss H. M. MITCHELL. Clerical Assistant.

Mrs. D. G. M. ROBERTS. Clerical Assistant.

L. W. PEARMAN. Senior Clerk (Sanitary Section).

Miss J. KING. Chief Sanitary Inspector's Secretary.

3 Shorthand Typists, General Division.

11 Clerks, General Division.

**CLINICS****1. Antenatal.**

East Oxford Centre, Cowley Road.	Tuesday	9.30 a.m.
School Medical Room, 60 St. Aldate's.	Thursday	9.30 a.m.
Bury Knowle, Old High Street, Headington	Friday	9.30 a.m.
Alexandra Court Clinic, Woodstock Road.	Tuesday	2.30 p.m.

**2. Child Welfare**

Bury Knowle, Old High Street, Headington.	Tuesday	2—4 p.m.
	Thursday	2—4 p.m.
Community Centre, Barton, Headington.	Wednesday	2—4 p.m.
Slade Park, Cowley	Wednesday	2—4 p.m.
Congregational Church Room, Cowley.	Friday	2—4 p.m.
Donnington School, Henley Avenue.	Tuesday	2—4 p.m.
	Wednesday	2—4 p.m.
East Oxford Centre, Cowley Road.	Monday	2—4 p.m.
	Friday	2—4 p.m.
Church Room, Canning Crescent.	Tuesday	2—4 p.m.
Y.W.C.A. Building, Church Street, St. Ebbe's.	Friday	2—4 p.m.
Y.M.C.A. Building, Walton Street	Friday	2—4 p.m.
Alexandra Court Clinic, Woodstock Road.	Wednesday	2—4 p.m.
Church Hall, Main Road, New Marston.	Wednesday	2—4 p.m.
	Thursday	2—4 p.m.
Village Hall, Wolvercote.	Thursday	2—4 p.m.

**3. Immunisation and Vaccination**

School Medical Room, 60 St. Aldate's.	Saturday	10 a.m.
(Also on application at Child Welfare Clinics.)		

**4. Dental**

School Medical Room, 60 St. Aldate's.	}	By appointment.
Bury Knowle, Old High Street, Headington.		
Donnington School, Henley Avenue.		
East Oxford Centre, Cowley Road.		
Alexandra Court Clinic, Woodstock Road.		

## SECTION II

## STATISTICS

## SUMMARY

Area of City .. .. .	8,438 acres
Population (estimated mid-year 1953) .. .. .	107,000
Number of inhabited houses at 31.3.53 .. .. .	26,396
Rateable value of the City at 31.3.53 .. .. .	£1,019,198
Sum represented by a penny rate 1952/53 .. .. .	£4,126
Total cost of all health services 1952/53:—	

	<i>Gross</i>	<i>Net</i>
	£	£
Public Health Services .. .. .	18,742	16,656
National Health Service Act, 1946 .. .. .	131,998	52,663
National Assistance Act, 1948 .. .. .	61,793	41,826
Totals .. .. .	£212,533	£111,145

	<i>City of Oxford</i>		<i>England and Wales</i>
	<i>1953</i>	<i>Average 1943-52</i>	<i>1953</i>
Birth rate (per 1000 population) (Recorded) .. .. .	14.66	16.29	15.5
Birth rate (per 1000 population) (as adjusted by comparability factor 0.96) .. .. .	14.07		
Illegitimate birth rate (% of total live births) .. .. .	7.40	7.36	4.5 (prov.)
Stillbirth rate (per 1000 total live and stillbirths) .. .. .	16.92	16.83	22.4
Maternal mortality rate (deaths classed to pregnancy or child-birth) (per 1000 total live and stillbirths) .. .. .	—	0.74	0.76
Neonatal mortality rate (deaths under 1 month per 1000 live births) .. .. .	13.38	16.80	
Infant mortality rate (deaths under 1 year per 1000 live births) .. .. .	20.40	26.70	26.8



	<i>City of Oxford</i>		<i>England and Wales</i>
	1953	<i>Average</i> 1943-52	1953
Death rate (per 1000 population) (Recorded) .. .. .	10.36	9.96	11.4
Death rate (per 1000 population) (as adjusted by comparability factor 1.06) .. .. .	10.98		
Death rate (per 1000 population) from:—			
(a) Diseases of the heart and circulatory system .. ..	3.50	3.35	
(b) Cancer (all forms) .. ..	1.78	1.71	
(c) Pneumonia, bronchitis and other diseases of the respiratory tract .. .. .	1.25	1.03	
(d) Tuberculosis (all forms) ..	0.20	0.35	0.20
(e) Violence (including suicides)	0.35	0.44	

### BIRTHS

Total registered live births:—

Male .. ..	1,498
Female .. ..	1,363
	<hr/>
	2,861
	<hr/>

(Illegitimate .. 176)

Of the 2,861 births registered, 1,478 were Oxford residents and 91 births to Oxford residents occurred outside the City, making a total of 1,569 births allocated to the City. Of these 1,453 were legitimate (759 male, 694 female) and 116 were illegitimate (65 male, 51 female).

### CLASSIFICATION OF BIRTHS OCCURRING IN THE CITY

#### (a) According to Notifications

	Residents		Non-residents	
	Live births	Still-births	Live births	Still-births
Notified by midwives .. .. .	515	3	—	—
Notified by doctors .. .. .	6	—	—	—
Notified by Institutions and Nursing Homes	973	22	1362	55
	1494	25	1362	55

**(b) According to Place of Birth (Registered Births)**

	Residents		Non-residents	
	Live births	Still-births	Live births	Still-births
Born in Radcliffe Maternity Department	421	14	833	40
Born in Churchill Hospital .. .. .	451	9	496	13
Born at St. Anne's Nursing Home ..	89	—	46	—
Born in Private Houses .. .. .	517	2	8	1
	1478	25	1383	54

**(c) Registered Births in Wards (Oxford City)**

Ward	Estimated Population	Live Births	Birth Rate
A. Summertown and Wolvercote	12,541	164	13.07
B. North .. .. .	10,130	159	15.69
C. West .. .. .	10,252	110	10.73
D. South .. .. .	10,184	137	13.45
E. East .. .. .	14,849	160	10.77
F. Headington and Marston ..	23,919	440	18.39
G. Cowley and Iffley .. .. .	25,125	308	12.26
	107,000	1478	13.81



## BIRTHS AND DEATHS IN THE CITY, 1912—1953

Year	Popula- tion estimated to Middle of each year	Births			Total Deaths Registered in the District		Transferable Deaths		Net deaths belonging to the District			
		Uncor- rected No.	Nett		No.	Rate	of Non- residents registered in the District	of Resi- dents not registered in the District	Under 1 year		At all ages	
			No.	Rate					No.	Rate per 1000 Nett Births	No.	Rate
1	2	3	4	5	6	7	8	9	10	11	12	13
1912	53,548		1026	19.16	672	12.55	91	41	71	69.2	622	11.61
1913	53,948		951	17.62	703	13.03	87	22	79	83.07	638	11.82
1914	54,348		911	16.8	755	13.89	133	30	66	72.4	652	11.99
1915	54,478		865	15.79	777	14.19	142	37	62	71.6	672	12.27
1916	55,148		881	15.97	697	12.64	166	78	59	66.9	609	11.04
1917	*59,193		656	11.08	756	14.23	150	104	57	86.9	710	13.37
	53,104											
1918	*55,472		700	12.62	987	19.94	204	94	44	62.8	877	17.71
	49,508											
1919	*60,071		796	13.25	714	12.38	117	89	47	59.0	686	11.98
	57,666											
1920	59,963		1083	18.06	635	10.59	93	69	60	55.4	611	10.19
1921	56,400	957	929	16.47	681	12.07	124	42	34	36.6	598	10.63
1922	56,510	982	902	15.96	812	14.37	153	62	54	59.8	721	12.75
1923	56,920	997	876	15.39	699	12.28	157	49	39	44.5	594	10.43
1924	57,260	1052	878	15.30	826	14.42	163	21	46	52.4	685	11.94
1925	57,090	1079	882	15.45	815	14.27	190	50	44	49.88	677	11.85
1926	56,800	1072	852	15.00	813	14.31	194	69	51	59.8	691	12.16
1927	57,050	1079	848	14.86	847	14.84	194	71	40	47.17	743	13.02
1928	60,800	1162	836	13.75	766	12.59	204	73	32	38.27	634	10.44
1929	*70,730	1265	1017	14.37	1082	15.30	216	52	65	63.91	918	13.00
	70,590											
1930	*74,000	1380	1159	15.66	966	13.08	211	48	47	40.55	803	10.87
	73,810											
1931	*80,810	1427	1216	15.04	1005	12.48	195	57	54	44.4	867	10.76
	80,530											
1932	81,260	1397	1114	13.71	1054	12.97	212	49	69	62.94	891	10.96
1933	83,410	1460	1140	13.67	1086	13.02	220	59	37	32.46	925	11.09
1934	85,800	1578	1200	13.98	1104	12.87	280	42	54	45.00	866	10.09
1935	88,200	1748	1344	15.24	1130	12.81	289	52	41	30.51	893	10.12
1936	90,140	1787	1379	15.30	1153	12.79	299	62	62	44.96	916	10.16
1937	92,440	1779	1343	14.53	1193	12.90	297	57	49	36.48	953	10.31
1938	94,090	1867	1438	15.28	1128	12.00	300	44	51	35.47	872	9.27
1939	96,200	1966	1340	14.02	1248	13.97	397	55	31	22.68	906	9.87
1940	96,570	2417	1401	14.51	1608	16.65	484	79	62	40.39	1203	12.45
1941	106,900	3144	1506	14.09	1584	14.82	520	64	57	34.25	1136	10.63
1942	104,600	3124	1612	15.41	1480	14.51	519	59	54	33.5	1020	9.75
1943	103,900	3166	1676	16.13	1510	14.53	482	66	55	32.82	1094	10.53
1944	100,370	3554	1889	18.82	1484	14.78	566	60	46	24.35	978	9.74
1945	98,020	2858	1683	17.17	1509	15.39	510	57	59	35.05	1056	10.77
1946	100,590	2970	1838	18.27	1430	14.21	476	57	60	32.64	1011	10.05
1947	103,210	3195	1895	18.36	1484	14.38	434	64	56	29.55	1114	10.79
1948	105,150	2833	1628	15.48	1328	12.63	461	40	38	23.34	907	8.63
1949	107,100	3022	1643	15.34	1500	14.00	506	77	44	26.78	1071	10.00
1950	108,200	2981	1549	14.32	1504	13.91	520	67	31	20.01	1051	9.71
1951	106,400	2956	1543	14.50	1608	15.11	579	83	29	18.79	1112	10.45
1952	107,100	2927	1557	14.55	1536	14.35	635	56	37	23.76	957	8.93
1953	107,000	2861	1569	14.66	1573	14.70	499	35	32	20.40	1109	10.36

\* Population birth rate.

City Extended 1st April, 1929.

The rates for 1939, 1940 and 1941 are based on figures of births supplied by the Registrar General which are adjusted to allow for evacuation population.



# CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE CITY OF OXFORD DURING 1953

(Table of Registrar General)

CAUSES OF DEATH	All Ages	0-	1-	5-	15-	25-	45-	65-	75-
ALL CAUSES .. .. .	1109	32	4	1	11	45	248	292	476
1 Tuberculosis, respiratory .. ..	20	—	—	—	—	5	8	6	1
2 Tuberculosis, other .. ..	2	—	—	—	—	1	1	—	—
3 Syphilitic disease .. .. .	3	—	—	—	—	—	1	1	1
4 Diphtheria .. .. .	—	—	—	—	—	—	—	—	—
5 Whooping Cough .. .. .	1	—	1	—	—	—	—	—	—
6 Meningococcal infections .. ..	1	1	—	—	—	—	—	—	—
7 Acute poliomyelitis .. .. .	—	—	—	—	—	—	—	—	—
8 Measles .. .. .	—	—	—	—	—	—	—	—	—
9 Other infective and parasitic diseases .. .. .	—	—	—	—	—	—	—	—	—
10 Malignant neoplasm, stomach ..	30	—	—	—	—	3	9	8	10
11 Malignant neoplasm, lung, bronchus	34	—	—	—	—	—	24	8	2
12 Malignant neoplasm, breast ..	23	—	—	—	—	5	14	1	3
13 Malignant neoplasm, uterus ..	9	—	—	—	—	2	3	3	1
14 Other malignant and lymphatic neoplasms .. .. .	95	—	—	—	—	2	34	30	29
15 Leukaemia aleukaemia .. ..	6	—	—	—	1	—	—	1	4
16 Diabetes .. .. .	6	—	—	—	—	1	—	3	2
17 Vascular lesions of nervous system	177	—	—	—	—	3	28	51	95
18 Coronary disease, angina ..	175	—	—	—	—	5	32	53	85
19 Hypertension with heart disease ..	37	—	—	—	—	1	9	14	13
20 Other heart disease .. .. .	105	1	—	—	—	3	17	23	61
21 Other circulatory disease ..	58	—	—	—	—	1	14	15	28
22 Influenza .. .. .	9	—	—	—	—	—	1	1	7
23 Pneumonia .. .. .	61	2	—	—	1	1	5	8	44
24 Bronchitis .. .. .	58	1	1	—	—	—	10	20	26
25 Other diseases of respiratory system	15	—	—	—	—	1	1	5	8
26 Ulcer of stomach and duodenum ..	11	—	—	—	—	1	3	4	3
27 Gastritis, enteritis and diarrhoea ..	6	1	—	—	—	—	—	4	1
28 Nephritis and nephrosis .. ..	14	—	—	—	1	2	5	3	3
29 Hyperplasia of prostate .. ..	13	—	—	—	—	—	—	6	7
30 Pregnancy, childbirth, abortion ..	—	—	—	—	—	—	—	—	—
31 Congenital malformations .. ..	11	7	—	—	1	2	—	1	—
32 Other defined and ill-defined diseases .. .. .	91	18	1	1	1	3	17	22	28
33 Motor vehicle accidents .. ..	10	1	1	—	4	—	3	—	1
34 All other accidents .. .. .	18	—	—	—	1	2	2	1	12
35 Suicide .. .. .	10	—	—	—	1	1	7	—	1
36 Homicide and operations of war ..	—	—	—	—	—	—	—	—	—

The deaths of Oxford residents registered away from Oxford are included in, and the deaths of non-residents registered in Oxford are excluded from the Oxford net deaths.

## CLASSIFICATION OF CAUSES OF DEATH

The preceding table gives a short analysis of the causes of death and the ages at which they occurred. Of the total of 1109 deaths, 561 were male and 548 female.

The death rate of 10.36 (recorded) is higher than last year and slightly above the average for the last ten years. This is entirely accounted for by the fact that for 1953 all deaths occurring in Cowley Road Hospital were not transferable to the authority in whose area the patient resided prior to admission. The first intimation that this new system of transferability of deaths was to be introduced was received from the Registrar General in October 1952, and when it was realised that the deaths of patients occurring in Cowley Road Hospital who had been admitted from other areas would not be treated as transferable, representations were immediately made to the Registrar General. As a result of protracted negotiations the Registrar General has agreed that for the years 1954 and 1955 deaths in Cowley Road Hospital would be transferable where applicable, after which the situation would again be reviewed. The inward transferable deaths show a decrease on previous years, this is due mainly to deaths occurring in Littlemore Hospital not being transferable under the new procedure.

There were 20 deaths from tuberculosis of the respiratory system compared with 11 in 1952 and 24 in 1951.

Cancer deaths number 191 (all sites), this is a slight increase over the 1952 figure of 185.

No maternal death occurred during the year.

There was one death from whooping-cough during the year.

Again no deaths occurred from scarlet fever, diphtheria or measles.

### RESIDENTS WHO DIED IN INSTITUTIONS IN OXFORD

	1953
Oxford United Hospitals Group .. .. .	512
Oxford Regional Hospital Board Group .. .. .	9
Nursing Homes .. .. .	36
Old People's Homes .. .. .	4
	<hr/>
	*561
	<hr/>

\* = 35.66% of total deaths.





## DEATHS FROM TUBERCULOSIS

YEARS 1924—1953

	PULMONARY							NON-PULMONARY						
	0-	1-	5-	15-	45-	65-	Total	0-	1-	5-	15-	45-	65-	Total
1924	—	—	2	22	11	1	36	2	4	3	3	—	—	12
1925	—	—	3	26	13	1	43	1	1	2	1	1	—	6
1926	1	—	—	31	6	3	41	1	3	1	4	—	1	10
1927	—	—	3	28	16	—	47	—	1	1	3	—	1	6
1928	—	1	1	24	7	3	36	—	2	—	4	2	1	9
1929	—	—	4	23	13	3	43	—	—	2	1	2	—	5
1930	—	—	—	35	14	3	52	—	2	1	2	1	1	7
1931	—	—	2	34	15	3	54	1	2	5	1	1	—	10
1932	—	—	—	25	11	3	39	—	3	2	5	1	—	11
1933	—	—	—	41	16	3	60	—	2	4	4	3	—	13
1934	—	—	1	32	16	3	52	—	4	1	1	2	—	8
1935	1	1	2	30	12	5	51	—	2	2	1	—	1	6
1936	—	—	—	23	18	3	44	1	2	2	2	1	—	8
1937	—	—	—	29	23	1	53	—	4	1	4	1	1	11
1938	—	—	—	26	17	4	48	1	2	1	5	—	—	9
1939	—	1	1	24	13	3	42	—	2	3	3	—	—	8
1940	—	—	—	36	10	—	46	1	2	—	4	1	—	8
1941	1	—	—	27	17	3	48	—	3	—	5	—	1	9
1942	1	1	2	24	27	3	58	1	—	1	4	1	1	8
1943	1	—	—	22	14	7	44	—	1	1	6	—	1	9
1944	1	1	—	25	9	4	40	—	1	2	2	2	—	7
1945	1	—	—	22	9	5	37	—	—	—	4	2	—	6
1946	—	—	—	16	10	2	28	1	3	1	4	3	1	13
1947	—	—	1	25	10	3	39	—	—	—	3	2	—	5
1948	—	—	—	24	8	4	36	—	—	1	1	3	1	6
1949	—	—	—	11	4	9	24	—	1	—	2	—	1	4
1950	—	—	1	7	9	6	23	—	—	1	1	3	—	5
1951	—	—	—	3	14	7	24	—	1	—	2	1	1	5
1952	—	—	1	4	6	—	11	—	1	—	1	1	1	4
1953	—	—	—	5	8	7	20	—	—	—	1	1	—	2

The following table shows the distribution of the infant deaths and stillbirths during 1953 (excluding inward transfers).

Ward	Estimated Population	Infant Mortality		Stillbirths	
		Number	Rate	Number	Rate
A. Summertown and Wolvercote ... ..	12,541	2	12.19	—	—
B. North ... ..	10,130	4	25.16	1	6.25
C. West ... ..	10,252	1	9.09	4	35.09
D. South ... ..	10,184	3	21.89	5	35.21
E. East... ..	14,849	5	31.25	3	18.40
F. Headington and Marston	23,919	5	11.36	7	15.66
G. Cowley and Iffley ...	25,125	10	32.47	5	15.97
	107,000	30	20.30	25	16.63

The following table shows the deaths from cancer under various headings for the last twelve years:—

	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953
*Buccal cavity and oesophagus (male)	8	8	12	6	6	6	3	4	—	—	—	—
Uterus (female)	6	9	10	13	14	16	8	12	12	5	7	9
Stomach and duodenum—												
Male ..	5	11	10	7	12	14	14	18	—	—	—	—
Female ..	17	12	11	11	6	23	10	16	—	—	—	—
*Stomach—												
Male ..	—	—	—	—	—	—	—	—	12	12	19	22
Female ..	—	—	—	—	—	—	—	—	11	13	9	8
*Lung, bronchus—												
Male ..	—	—	—	—	—	—	—	—	35	37	36	29
Female ..	—	—	—	—	—	—	—	—	5	7	3	5
Breast ..	25	22	26	26	20	18	13	18	22	19	21	23
All other sites—												
Male ..	42	55	57	57	55	54	57	58	55	72	42	46
Female ..	50	55	57	53	48	51	43	46	40	46	48	49
Totals ..	153	172	183	173	161	182	148	172	192	211	185	191

\* (Classification of sites amended from 1950).

### Age and sex distribution of Cancer deaths

	All Ages	0—	1—	5—	15—	25—	45—	65—	75—
Male .. ..	97	—	—	—	—	2	41	29	25
Female .. ..	94	—	—	—	—	10	43	21	20
Total .. ..	191	—	—	—	—	12	84	50	45

Analysis of deaths from cancer according to the site of the disease:—

	MALE								FEMALE							
	0—	1—	5—	15—	25—	45—	65—	75—	0—	1—	5—	15—	25—	45—	65—	75—
Stomach ..	—	—	—	—	2	5	8	7	—	—	—	—	1	4	—	3
Lung, bronchus	—	—	—	—	—	19	8	2	—	—	—	—	—	5	—	—
Breast .. ..	—	—	—	—	—	—	—	—	—	—	—	—	5	14	1	3
Uterus .. ..	—	—	—	—	—	—	—	—	—	—	—	—	2	3	3	1
All other sites ..	—	—	—	—	—	17	13	16	—	—	—	—	2	17	17	13
Total ..	—	—	—	—	2	41	29	25	—	—	—	—	10	43	21	20



## SECTION III

### GENERAL HEALTH SERVICES

#### (a) AMBULANCE SERVICE

##### 1. Administration

No changes have occurred in the administrative staff of the Ambulance Service during the year. The increase in the number of patients transported was 1,400, as compared with an increase of 3,000 in 1952, whilst the mileage decreased by approximately 20,000 as against a decrease of 2,600 in 1952. Train journeys continued to increase slightly, being 246 compared with 230 in 1952. The substantial decrease in the total mileage run by the Ambulance Service, in spite of a further increase in the number of patients, is very gratifying. Radio control now forms a major part of the Service, and, since it was installed in the middle of 1952, it has been of inestimable value. There is no doubt that, although train journeys have a bearing on the decreased mileage, the major portion must be attributable to radio control. During the latter part of the year, two further vehicles were equipped with radio, bringing the number of vehicles so equipped to 13 out of the total fleet of 18. When all the vehicles are equipped, which it is hoped to arrange by the purchase each year of two mobile transmitter/receivers, the saving in mileage should be even greater.

It will be seen by reference to Table 2 that the work undertaken by W.V.S. Hospital Car Service was discontinued in November. It was found that the journeys previously undertaken by this service could, as a result of radio control and the purchase of utility vehicles, now be carried out by our own vehicles, and, by mutual agreement, the remaining work was transferred. I should like to pay tribute to the volume of work which has been carried out by the Hospital Car Service since the inception of the Service in 1948. Without their help, especially during the initial period, the Service would have been unable to cope with all the demands that were made upon it, and, although this help has now ceased, it is comforting to know that, should an emergency arise at any time, the Hospital Car Service would again be prepared to give their much valued assistance in the transportation of patients.

##### 2. Mode of Transport

Rail journeys are undertaken when, in the interest of the patient and with the consent of the doctor, it is considered more desirable and

more economic than a journey by road. For long journeys, particularly those with no changes, it is more beneficial for patients to travel by train, especially in view of the facilities now offered by British Railways. In last year's Report, it was mentioned that special stretchers are provided from Paddington Station for cases unable to travel otherwise. It is understood that, in view of the number of cases, the railway executive are considering placing stretchers permanently at Oxford Station. If this can be arranged, it will be a great help to the Ambulance Service.

### 3. Vehicles

Two new "high top" utilicon vehicles and one ambulance were received during the year, to replace old vehicles. The fleet now consists of reasonably up-to-date vehicles, the oldest being an ambulance and car both purchased in 1948. Now that all the vehicles prior to this date have been disposed of, the maintenance costs should decrease, and so reduce the overall cost of the Service.

### 4. Staff

There have been no changes in the number of administrative staff or driver/attendants during the year.

### 5. Ambulance Depot

There are still no visible signs of the new depot, but plans are now well under way and it is anticipated that building will commence in 1954.

### 6. Activities

Table 1 gives an indication of the increased use of the Service since 5th July, 1948, whilst Table 2 gives details of the work undertaken by the Ambulance Service during 1953. The increase in the number of patients is again mainly due to attendances at out-patient clinics at the various hospitals in the City. With the establishment of each new out-patient clinic, a heavy burden is added to the Ambulance Service, due partly to the increased number of patients to be carried but mainly to the fact that each patient is expected to attend the clinic at a stated time.

TABLE 1

Year	Patients	Mileage	Train Journeys
1948 (6 months)	13,783	153,425½	—
1949	29,878	357,058½	—
1950	31,963	322,944½	133
1951	41,549	319,877½	217
1952	44,494	317,268½	230
1953	45,883	297,317	246



## 7. Emergency Calls

During the year, 1,351 emergency journeys (1,336 emergencies in 1952) were undertaken in the City, as follows:—

(a) Central (within the area Magdalen Bridge, Folly Bridge, the Station and St. Giles')	..	..	..	..	..	251
(b) North of St. Giles'	..	..	..	..	..	184
(c) South of Folly Bridge	..	..	..	..	..	62
(d) West of Station	..	..	..	..	..	67
(e) East of Magdalen Bridge	..	..	..	..	..	787

These figures reveal that 58.25% of the calls were received from east of Magdalen Bridge.

## 8. General

The Service has run smoothly throughout the year and no abuse of the use of transport has been detected.

TABLE 2.

	AMBULANCES		MUNICIPAL SITTING-CASE CARS		W. V. S. HOSPITAL CAR SERVICE		TOTALS		TRAIN JOURNEYS
	No. of cases removed	Mileage	No. of cases removed	Mileage	No. of cases removed	Mileage	No. of cases removed	Mileage	
1953									
January ..	2,203	10,045	1,466	13,934	118	897	3,787	24,876	14
February ..	2,083	10,052	1,161	10,461	86	578	3,330	21,091	24
March ..	2,309	10,952	1,396	12,987	109	895	3,814	24,834	21
April ..	2,048	12,654	1,535	12,647	78	508	3,661	25,809	18
May ..	2,003	11,259	1,759	13,751	96	747	3,858	25,757	17
June ..	1,758	10,952	1,749	12,253	67	673	3,574	23,878	15
July ..	1,908	12,357	2,064	13,977	60	597	4,032	26,931	18
August ..	1,716	10,122	1,835	12,864	20	116	3,571	23,102	23
September ..	1,922	11,754	2,017	13,872	22	157	3,961	25,783	26
October ..	1,772	11,155	2,384	16,116	18	147	4,174	27,418	20
November ..	1,779	10,549	2,267	14,376	—	—	4,046	24,925	29
December ..	1,618	9,170	2,457	13,743	—	—	4,075	22,913	21
	23,119	131,021	22,090	160,981	674	5,315	45,883	297,317	246



## (b) LABORATORY SERVICE

### Bacteriological Examinations

Examinations of swabs and other specimens from cases of infectious diseases, and from contacts and suspected carriers, have been carried out by the staff of the Public Health Laboratory, Walton Street, Oxford, from whom every help has been received.

During the year, samples of blood were taken from employees in the Waterworks Department in sessions arranged at St. Aldate's Clinic. In all, 46 persons attended and only two were felt to require further investigation. In the case of one man, the final tests proved satisfactory, while in the other, they were not completed because he elected to leave this employment.

### Analytical Examinations

Messrs. Thomas McLachlan and Partners, Analytical Chemists, have continued as Public Analysts to the City. Their main laboratory is at London, but they have a smaller laboratory at Reading, where many of the routine samples are tested.

## (c) HEALTH VISITING

### 1. Staff

The staff has not been up to full strength throughout the year; thanks, however, to the Council's assisted training scheme the shortage has never been serious. Two valued members of the staff resigned during the year in order to take up appointments with a neighbouring authority which has a scheme of car allowances for health visitors.

From the end of August the whole-time tuberculosis health visitors were increased from two to three.

A grievous loss to the Department occurred in May, when Miss Winifred Pratt died at the early age of 44. She gave the greatest devotion to her duties and earned the affection and gratitude of countless mothers in Headington where she had worked for fifteen years. Her memory is perpetuated at Bury Knowle clinic by two electric clocks—the gift of her professional colleagues, the voluntary staff of the clinic and the mothers among whom she worked.

### 2. Home visits paid by health visitors during the year

To expectant mothers .. .. .	275
To children under 1 year .. .. .	11,523
To children between 1 and 2 years .. .. .	5,009
To children between 2 and 5 years .. .. .	7,596
To Tuberculous households .. .. .	74
*Other cases .. .. .	829
	<hr/>
	25,306
	<hr/>

Total number of children under 5 years visited	.. ..	24,128
Total number of households visited	.. ..	19,393

\*“Other cases” comprise:—Visits for reporting on infectious diseases.

Care of old people.

Hospital after-care, etc.

Work carried out as school nurses is described in the report of the School Medical Officer.

Visits to tuberculous patients by the tuberculosis visitors are shown in Section IV (c) of this report.

### 3. Work at Child Welfare Clinics

A health visitor was present at all the 818 sessions of the child welfare clinics held during the year.

### 4. Breast Feeding

The Superintendent Health Visitor continued to keep the record she started in 1952 of the incidence of breast feeding.

Of the babies born in Oxford in the first half of each of the two years, and still here when they were six months old, (a total of 621 in 1953 and 609 in 1952) the proportion on different types of feeding was as follows:—

At about two months:—				1953	1952
Entirely breast	..	..	..	49%	50%
Breast and bottle	..	..	..	12%	15%
Entirely bottle	..	..	..	39%	35%
At about 5 months:—					
Entirely breast	..	..	..	36%	36%
Breast and bottle	..	..	..	6%	11%
Entirely bottle	..	..	..	58%	53%

Test-feeding scales were lent to mothers for use at home on 261 occasions during the year.

### 5. Liaison with Hospital Maternity Departments and Domiciliary Midwives.

Liaison between the staff responsible for the care of the mother in the lying-in period and the health visitor continues to be excellent. Written reports are sent to the health visitor on discharge from the care of hospital or midwife; one of the health visitors goes to the lying-in ward of each of the maternity departments each week, and wherever possible domiciliary midwife and health visitor meet in the mother's house.

### 6. Liaison with Hospital Paediatric Departments and Diabetic Clinic.

Members of the health visiting staff attended four paediatric sessions a week—three at the Radcliffe Infirmary and one at the Churchill Hospital.



This arrangement provides a very useful link between the preventive and curative services for young children. In addition the paediatric department greatly helps the work of the health visitor by providing reports about children treated as in-patients or out-patients and also about babies who attend the special follow-up clinic held at the Radcliffe for premature and abnormal (or potentially abnormal) babies born in either of the obstetric departments.

One of the health visitors has continued to attend the diabetic clinic at the Radcliffe and to visit certain patients at home in order to help them carry out their regime.

## **7. Liaison with the School Medical Service**

When a child goes to school both the health visitors' record card and the child welfare clinic medical record are transferred to the envelope containing the child's school medical record and are available at the child's first medical inspection.

## **8. Co-operation with General Practitioners**

In last year's report it was stated that the lack of correspondence between the districts covered by individual general practitioners and health visitors made it difficult to organize a liaison between them. Despite this difficulty the problem was tackled in the latter part of 1953. The Medical Officer of Health was invited to meet each of the four groups of general practitioners in order to discuss the matter. This gave him the opportunity to explain the scope of the health visitors' work. Great interest was shown at all the meetings and profitable discussions took place. Following these meetings each general practitioner was allocated a health visitor who works in his area and it was left to the health visitor to get in touch with him.

The object of the arrangement is to enable every general practitioner to know personally a health visitor whom he can approach for help with any problem occurring in his practice. If the household in question does not happen to be in her district the health visitor can pass the message on to her appropriate colleague. As there are 57 general practitioners and 15 health visitors it means that one health visitor is allocated to 2—6 doctors.

It is too soon to report any details of the result of this arrangement, but it can be said to show considerable promise. Good-will has been shown by everyone concerned and a closer understanding between family doctor and health visitor is already apparent.

## **9. Teaching**

All the health visitors do a considerable amount of professional teaching. The chief part of this work is the practical instruction of stu-

dents attending the Oxfordshire County Council's health visitors' training school. In addition instruction is given to medical students, pupil midwives, student district nurses, nursery nurse students, social science students and nurses in training at the Wingfield-Morris orthopaedic hospital and the Radcliffe Maternity Department.

# 10. The assisted training scheme for health visitors

The three students who began the course in September 1952 all obtained their Health Visitors' Certificate.

## (d) HOME HELPS

### 1. Cases helped

The trends reported last year have continued. A further drop in maternity work has occurred, together with a great increase in the aged and chronic sick. There is also a fall in tuberculosis figures and a rise in those of acute illness.

The following tables illustrate these trends:—

I.	Year	Maternity	Aged and chronic sick
	1950	303	49
	1951	266	123
	1952	235	181
	1953	167	233

II.	Classification of cases helped:—	1953	1952
	Home confinements .. ..	100	143
	Other maternity cases .. ..	67	92
	Acute illness .. ..	243	188
	Chronic sick .. ..	75	52
	Aged .. ..	158	129
	Tuberculosis .. ..	25	31
		<hr/>	<hr/>
		668	635
		<hr/>	<hr/>

### III. Patients who received continuous help throughout the year:—

1953	1952
95	73



IV. *Long term cases (i.e. of more than 3 months' duration) on the books at January 1954 were analysed as follows:—*

				1st January 1954	1st January 1953
Arthritis, rheumatism	..	..	..	12	32
Blind, partially sighted	..	..	..	10	10
Cancer	..	..	..	8	11
Cardiac	..	..	..	7	22
Hypertension, stroke	..	..	..	8	17
Nervous condition, anxiety	..	..	..	2	5
Phlebitis, varicose veins	..	..	..	2	8
Poliomyelitis, disseminated sclerosis,					
Parkinson's disease	..	..	..	7	5
Tuberculosis	..	..	..	10	18
Aged and infirm	..	..	..	80	25
Aged but well	..	..	..	10	11
				<hr/> 156	<hr/> 164
				<hr/> <hr/>	<hr/> <hr/>

Aged patients here comprise 60% of the total in 1953 as against 21% in 1952.

*Note:—*“Aged” applies to patients over 75 years of age.

The changes in demand can to some extent be explained. The maternity decrease is partly due to reluctance to pay, as noted in the 1952 report. In many families—not only the factory workers’—maternity home help is not considered to be a worth while item of expenditure. So strongly, though illogically, is this held that in several cases the father has stayed away from work for a fortnight rather than pay for help at his assessed rate. In such cases the family clearly does not consider that any part of the Maternity Benefit should be allocated to the service of a home help. Nor does it seem that the additional “Home Confinement Grant” of £3, which came into operation in October, has altered the situation.

Very few applications for new cases of tuberculosis have come in; the patients helped are mainly long-standing cases. The nine home helps available for tuberculosis are not fully engaged on this work.

The increase in cases of acute illness was associated with the prevalence of seasonal ailments during the protracted winter.

The tendency of families to reject their old people, noted in 1952, increases. The high cost and restricted staff of the home help service means that help must be given first to old people who have no relatives in the city.

52 applications for help were refused owing to pressure of work (11 in 1952 and 16 in 1951); 17 occurred during the influenza period, when many of the staff were themselves ill. It is only at times of peak pressure that

cases are refused, and until this year the service has fairly well covered the local demand for help. Reductions in staff (see para. 3) made this more difficult towards the end of the year, and in the last three months (not at rush period) 12 cases had to be refused.

## 2. Finance

Cases were classified for payment as follows:—

	1953	1952
Full payment (3/- per hour) .. ..	86	82
*Assessed for part payment .. ..	301	303
Free .. .. .	281	250
	<hr/>	<hr/>
	668	635
	<hr/>	<hr/>

(\*Includes 52 cases paid for by the National Assistance Board which would previously have been free).

An arrangement was made with the Regional Controller, National Assistance Board, that after April 1953 patients who were in receipt of assistance should be assessed for home help payment, and if a contribution were required it should be paid by the Board direct to the Local Authority. Previously all N.A.B. cases were supplied with free help automatically. The great increase in the proportion of the work which is among old people means a fall in money received (as few old people can pay), but this fall is partly offset by the new arrangement with the Assistance Board, from whom £58 had been received by the end of the year.

The assessment scale has worked well since October 1949, but it is now noticeable that assessments are higher as a result of general wage increases. In view of the heavy cost of the service it has not seemed advisable to recommend relaxing the scale, although a few householders (in addition to the maternity cases) have refused home help on financial grounds.

Patients paying the full rate fell into two classes:—

Maternity .. .. .	18
Temporary emergency .. ..	68
	<hr/>
	86
	<hr/>

Thirty of these received less than ten hours' help in all.

The cost of the service for the financial year 1952-3 was £16,021, of which £1,778 was recovered from householders. The corresponding figures for the previous financial year were £15,341 and £1,754 respectively.

## 3. Staff

Much time has been spent, somewhat inconclusively, in investigating the problem of "idle hours", i.e. odd times in the home help's guaranteed



working week which for some practical reason cannot be used. This difficulty arises from the nature of the work itself, which is not susceptible to exact measurement if it is to be administered with proper regard for human values.

In order to reduce "idle time", the City Council decided that from May 18th the establishment of whole time home helps should be reduced from 24 to 12. When the position was reviewed in the autumn, it was resolved that in view of the probable demands on the service no further reduction in the establishment should be made for the time being, but that any further vacancies occurring among the full-time staff should be filled by part-time workers. By almost eliminating afternoon help, which has never been popular with the public, a reduction has been achieved in the "idle time" figures, though it is difficult to estimate satisfactorily owing to seasonal changes in demand. One hour per week for each part-time worker was the average time lost during June, July and August. These measures have had an adverse affect on recruiting, and several promising candidates wanting full-time work were lost.

Staff employed were classified as follows:—

		<i>Full-time</i>	<i>Part-time</i>	<i>Others</i>	<i>Total</i>
January ..	..	22	54	6	82
September ..	..	8	56	6	70
December ..	..	7	59	3	69

An intensive investigation was made of all sick leave granted to home helps during the twelve months 1st April 1952 to 31st March 1953, when it was found that their sickness rate was more than double that of other women manual workers employed by the Corporation. The full explanation for this finding is not clear, but contributory factors are probably the trying circumstances and difficult physical conditions in which the home helps are frequently forced to work.

### (e) HOME NURSING

#### 1. General arrangements for the service

The Oxford District Nursing Association continued to act as an agent for the City Council in providing a home nursing service. The Council is directly represented on the committee of the Association and the Medical Officer of Health is also a member, *ex officio*. The Association is affiliated to the Queen's Institute of District Nursing and conforms with its system of supervision and inspection.

#### 2. Staff

The staffing situation has been satisfactory for most of the year, except that it has not been found possible to fill the post of a second assistant superintendent.

At the end of 1953 the staff was as follows:—

Superintendent .. .. .	1	
Assistant superintendent .. ..	1	
Home nurses:—		
Queen's nurses:		
Resident full-time .. ..	10	} Equivalent to 19 $\frac{2}{3}$ full-time nurses.
Non-resident full-time .. ..	3	
Non-resident part-time .. ..	1	
Queen's student nurses: ..		
Resident .. .. .	7	}
Non-resident .. .. .	2	

### 3. Cases nursed during the year

The following table shows the source of new patients during 1953:—

General practitioners .. .. .	2739
Hospitals .. .. .	283
Direct application .. .. .	192
Other sources .. .. .	13
	<hr/>
	3227
	<hr/>

The increase in the patients nursed and the visits paid is shown in the following table:—

	1953	1952
Patients .. .. .	3,546	2,669
Visits .. .. .	66,106	64,618

The age of the patients nursed is of interest. As many as 32,986 visits (i.e. about half the total) were paid to 962 patients over 65 years of age. In contrast to this, only 923 visits were paid to 128 children under the age of 5 years. These figures, considered in conjunction with those given in the section on Home Helps, demonstrate the large and increasing amount of service which the Local Health Authority now has to provide for old people in their homes.

Classification of the work presents considerable difficulty. The problem of compiling records which will enable an accurate comparison of the service in different areas is still unsolved.

The following table provides a classification of certain aspects of the work for which special records have been kept during the year:—

<i>Condition or procedure</i>	<i>Patients</i>	<i>Visits</i>
Surgical conditions .. .. .	313	9,902
Gynaecological conditions .. ..	81	604
Bowel wash-outs, prior to X-ray .. ..	169	172



Tuberculosis	<i>Patients</i>	<i>Visits</i>
(a) General nursing .. .. .	16	405
(b) Streptomycin injections .. ..	145	4,580
Midwifery complications .. .. .	18	172
Miscarriages .. .. .	19	211
Infectious diseases .. .. .	37	416
Insulin injections .. .. .	416	7,498
Injections (other than insulin or streptomycin for tuberculosis—i.e. mainly penicillin) ..	1,557	16,845

(*Note:* A number of patients and visits are included in more than one of the above categories.)

When these figures are compared with those for 1952 the only striking difference is an increase of 4,891 in the number of injections given—an indication of the still greater use of antibiotics in domiciliary treatment.

#### 4. Examination results

During 1953 ten student Queen's Nurses passed the examination for the Queen's Roll, and were approved as Queen's Nurses. Of these ten, one failed her written examination in May but was successful in September.

#### 5. Dermatitis among District Nurses

Three of the five nurses who acquired dermatitis in 1952 (thought to be due to contact with an antibiotic when giving injections) have remained on the staff, and attempts are being made to desensitize them.

During 1953 one nurse who had already become sensitive to streptomycin joined the staff. She is able to give only occasional doses of the antibiotic.

Throughout 1953 all possible precautions (including the use of rubber gloves for all injections of antibiotics) were taken to avoid dermatitis. It is satisfactory to report that, in spite of the increase in the number of injections given, no new cases have occurred.

#### 6. Loan of nursing equipment

The three Nurses' Homes at 39/41 Banbury Road, 1 Southern Road, Headington and 23 Hollow Way, Cowley, continue to keep a small stock of nursing equipment to lend to patients in need of it. This has been supplemented by the Medical Loan Department of the British Red Cross Society of 101 Banbury Road. The City Council made a grant of £100 plus £50 for the renewal of equipment towards this latter service in the



financial year 1953—1954. Details of the equipment loaned in the City during the year as are follows:—

<i>Article</i>	<i>Total</i>	<i>Article</i>	<i>Total</i>
Air rings .. ..	138	Hot water bottles ..	1
Bed pans .. ..	130	Wheelchairs .. ..	74
Bed pans (rubber) ..	12	Urinals .. ..	55
Bed rests .. ..	133	Air beds .. ..	10
Bed tables .. ..	16	Rubber sheets .. ..	132
Cradles .. ..	25	Walking sticks .. ..	4
Commodes .. ..	36	Bed blocks .. ..	16
Carrying chairs .. ..	1	Baby scales .. ..	4
Crutches .. ..	21	Bed pulley .. ..	1
Feeding cups .. ..	8	Steam kettle .. ..	1
	<hr/>		<hr/>
Carried forward ..	520	Total .. ..	818
	<hr/>		<hr/>

#### (f) NURSING HOMES and AGENCIES

The following Nursing Homes were on the register at 31st December, 1953:—

	<i>Maternity Beds</i>	<i>Other Beds</i>
Acland Home, Banbury Road .. ..	—	35
Castle Nursing Home, 7 Davenant Road ..	—	3
Restholme, 230 Woodstock Road .. ..	—	5
St. Anne's Nursing Home, Ambleside Drive ..	7	—
St. John's Home, St. Mary's Road .. ..	—	60
Wayside Nursing Home, 27 Hill Top Road ..	—	8
	<hr/>	<hr/>
	7	111
	<hr/>	<hr/>

A total of 24 inspections were made by members of the staff of the Health Department to registered premises.

The Acland Home, and the Wayside Nursing Home, were on the register as agencies for the supply of nurses.

#### (g) CONVALESCENCE

Twenty patients (one man, sixteen women and three children) were sent for recuperative holidays during 1953. In addition, the railway fare was paid for one patient going to stay with relatives. Thirteen were hospital patients and seven were referred by general medical practitioners. There was only one case of tuberculosis recommended for convalescence.

Accommodation presented no difficulties with the exception of provision for mothers and babies for whom suitable homes are difficult to find and are relatively expensive.

The cost to the Council totalled £116 1s. 5d.

The following list gives details of accommodation used:—

<i>Convalescent Home</i>				<i>No. accommodated</i>	
				<i>Adults</i>	<i>Children</i>
Bell Memorial Home, Lancing	..	..	..	2	—
Chambers Home, Burnham..	..	..	..	1	—
“Charleigh”, Lancing	..	..	..	1	—
Link Nursing Home, Bognor Regis..	..	..	..	1	—
Maitland House, Frinton	..	..	..	1	—
Resthaven, Exmouth, Devon	..	..	..	4	1
St. Joseph’s Home, Bournemouth	..	..	..	1	—
St. Luke’s Home, Exmouth..	..	..	..	1	—
St. Peter’s Convent, Woking	..	..	..	1	—
Sunningdale Home, Woolacombe	..	..	..	1	—
Winterton House, Wendover	..	..	..	2	2
Wordsworth Holiday Home, Swanage	..	..	..	1	—
				—	—
				17	3
				<u>      </u>	<u>      </u>

## (h) HEALTH EDUCATION

Leaflets, posters, and pamphlets are used at clinics and leaflets and pamphlets are sometimes distributed at meetings. The revised material available has been extensively used by doctors, health visitors, and other members of the Health Department.

Talks and demonstrations have been given by members of the Department and each request for a speaker has been met. Organisations addressed included a Young Wives’ Fellowship, a sales convention, political party groups, guilds, youth clubs and, as in previous years, the Swedish Summer School.

Senior members of the Health Department have again taken part in the formal instruction of medical students, health visitors, district nurses, midwives, and nursery nurses.

Increasing use has been made of visual aid material to illustrate lectures, and a start has been made in building up a small library of film-strips.

## (i) DOMICILIARY OCCUPATIONAL THERAPY SERVICE

The work of the Domiciliary Occupational Therapy Service has continued to expand both in the number of patients visited and in the treatment given. At the same time there has been an increase in the amount



of time which it is necessary to give to administration if the Service is to run smoothly. Ninety patients have been visited throughout the year; the frequency of the visits being determined by their needs. The following figures show the range of disabilities treated:—

Tuberculosis (respiratory and limbs)	..	..	..	..	46
Rheumatoid Arthritis	..	..	..	..	12
Heart Disease (Angina pectoris, etc.)	..	..	..	..	10
Hemiplegia	..	..	..	..	8
Paralysis	..	..	..	..	4
Bronchiectasis	..	..	..	..	2
Congenital Deformity	..	..	..	..	3
Epilepsy	..	..	..	..	3
Muscular Atrophy	..	..	..	..	1
Ulcerated Legs	..	..	..	..	1

Much can be done towards rehabilitation of the patient where occupational therapy can be commenced immediately on discharge from hospital when a long period of inactivity starts. Oxford hospitals and the local practitioners have greatly facilitated this follow-up. The value of the weekly Conference held at the Chest Clinic and the co-operation between the medical staff and the Almoners and Health Visitors cannot be over-estimated. A weekly class for ambulant patients is held at The Laurels on Wednesday afternoon and the genial atmosphere and opportunity for social contact has been of considerable psychological value in helping the patients' adjustment to the relative isolation of the home after a long stay in a hospital community.

A high standard of craft work has been reached by patients who are crippled or otherwise handicapped. A girl aged 25 years suffering from major epilepsy has been unable to do any kind of work for the last six years, and a feeling of uselessness had produced depression and a sense of inadequacy. Her interest was first awakened by introducing her to appliqué work using brightly coloured felts. After a few weeks of experimenting it was found that she had a flair for making intricate and amusing animals and a considerable number of these have been sold. A letter received a few weeks after she was first visited said "It is lovely to be able to do this work which I have longed to do for ages, and it has come my way at last". This patient now keeps a cash book to note her expenses and sales.

A tuberculosis patient, who had tried every craft there was to offer, settled down to learn typing and shorthand. He has become proficient and hopes to make use of his knowledge when he is allowed to start work.

There are several patients who live alone and find the time drags on interminably. To these patients, who by their infirmities very rarely see anything but the one room in which they live, the weekly visit of the



Therapist is a major event. They are launched on another week's work and, as one rheumatoid arthritic patient remarked, "The days pass much quicker, I am not bored and the exercise I have to do with my arms when I weave keeps them from stiffening up".

The Occupational Therapy Service is one which is always growing. With very few exceptions visits have been made regularly. This has been done in the past year, but as the Service gets more widely known more visits need to be made and it is becoming increasingly difficult to accept new patients.

The shop for handicapped workers is an essential part towards rehabilitation. 323 articles, large and small, were sold during the year. The cost of material is only paid for when the article is sold and the profit is given to the patient concerned. The making and selling of articles is the first small step toward full-time employment. Between these two lies the sheltered workshop, as yet still an ideal to be put into practice.

### **(k) CO-ORDINATING COMMITTEE**

**for**

### **CHILDREN NEGLECTED or ILL-TREATED in THEIR OWN HOMES**

The Medical Officer of Health was represented at each of the five meetings of this Committee held during the year under the Chairmanship of the Children's Officer as Co-ordinating Officer.

The meetings continue to be of value in co-ordinating the efforts of statutory and voluntary bodies to help the families concerned. During the year a total of forty-one families were discussed, many of them on several occasions.

## SECTION IV

### INFECTIOUS DISEASES AND INFESTATION

#### (a) EPIDEMIOLOGY

##### **Smallpox**

No case of smallpox occurred in Oxford during the year.

##### **Scarlet Fever**

136 cases (100 in children under the age of ten) were reported during the year. Towards the end of 1953 routine typing of all throat swabs giving a growth of haemolytic streptococci was instituted. This was done because it has recently been suggested that a Type 12 haemolytic streptococcus is more likely to give rise to renal complications and therefore such cases should be followed up more carefully.

##### **Diphtheria**

It is a pleasure to report that for the fourth year in succession no case of diphtheria occurred.

##### **Typhoid and Paratyphoid Fevers**

For the third year in succession no case of these diseases occurred in Oxford.

##### **Poliomyelitis**

There were 6 cases of paralytic poliomyelitis notified. Single cases occurred in March, July, September, and October, while two cases were recorded in June. One adult male was affected, the remaining five cases being children of whom three were below school age. One schoolchild was affected very mildly and recovery is now nearly complete. The other schoolchild was the only bulbar case and caused anxiety for a few days, but has made a very satisfactory recovery. The adult and the three pre-schoolchildren were all admitted to the Slade and subsequently transferred to the Wingfield-Morris Hospital. They are all still attending the latter hospital as out-patients and have made substantial recoveries, although it appears likely that one child will be left with a more or less completely paralysed left arm.

No case of non-paralytic poliomyelitis was notified.

##### **Acute Encephalitis**

A man of 21 years of age was admitted to hospital in April, suffering from this condition, from which he made a good recovery.

### Meningococcal Infection

4 children—two boys and two girls, with ages ranging from 5 months to 5 years, have been notified as suffering from meningococcal infection. All made good recoveries.

A fifth boy, aged 10 months, died shortly after admission to hospital, from a fulminating meningococcal septicaemia and meningitis.

### Measles

There was a very considerable epidemic of measles in the city in the early months of the year, in which the peak was reached in March, when there were 879 cases. A total of 2,376 cases was notified and, of these, nearly half (49%) were under the age of 5 years, while most of the remainder (42%) were children of primary school age.

The notifications for 1953 were the highest yet recorded, as is shown by the following figures:—

1940	1808
1941	1442
1942	52
1943	1695
1944	136
1945	2199
1946	114
1947	904
1948	1472
1949	1141
1950	986
1951	1294
1952	461
1953	2376

No death from measles was recorded during the year.

### Whooping Cough

Notifications of this disease during the year were appreciably higher than in 1952, and this experience was paralleled in other areas of the country.

The figures may be analysed as follows:—

Under 1 year	30
1—4 years	182
5—9 years	145
Over 10 years	10
	<hr/>
Total	367
	<hr/>

One death from the disease has been reported during the year.



## Influenza

No outbreak occurred during the year.

## Dysentery

79 cases of dysentery occurred during the year, and in 76 of them, the infecting organism was *Shigella Sonnei*. In the remaining 3 cases the infection was believed to have been contracted abroad, *Shigella Flexneri* being isolated in two instances, and *Shigella Shiga* in the third.

The majority of the Sonne cases occurred in connection with small outbreaks centred on two schools, namely St. Barnabas and St. Thomas.

### *St. Barnabas School outbreak.*

There was an outbreak of Sonne dysentery among children attending St. Barnabas Infant and Senior Schools during May, June, and July. The original case appears to have been a girl aged 3 years attending a nursery class, who began to have symptoms of the disease on 1.5.53, but continued to attend school until 8.5.53. In her household, two other people, including an elder brother, who also attends the Infant School, became infected, and most of the other children dated their symptoms from about this period.

In all, 22 children in the Infant School and 11 in the Senior School became infected. Of 20 adult contacts, 6 were found to be symptomless excretors of the organisms.

The outbreak was brought under control mainly by means of the energetic work of the health visitors in the area, who visited the schools daily and also the homes of all children absent with suspicious symptoms. Children of school age living in the same house as an affected child were excluded from school, and adult food-handlers who were contacts of the affected children were suspended from employment until they proved to be free from the disease. 13 children in St. Barnabas Schools, and 3 adults, came under observation in this way.

As often happens, one problem family in the area was most affected by this epidemic, and negative reports were not received from all of its members until mid-July.

During the course of this outbreak, defects in the sanitary accommodation at St. Barnabas Infant School were disclosed and were quickly remedied.

### *St. Thomas School outbreak*

Towards the end of the Christmas term, a report was received that an Oxfordshire resident, who had been staying in a house in the St. Thomas's district, had contracted Sonne dysentery. On investigation among members of this family and after studying the school sickness returns, it was obvious that several children in the district had complained of sickness and diarrhoea in October and November, had been away from school for a day or two, and then returned, apparently completely recovered.

Although only one further acute case occurred, the parents of all children attending the school were interviewed, and, if a history of suspicious symptoms was obtained, then requests were made for specimens of faeces to be submitted for bacteriological examination.

In all, 9 families, with children attending this school, were affected, and 16 persons in them were shown to have suffered from Sonne dysentery.

### **Food Poisoning.**

25 cases of food poisoning were notified during the year. In 14 of these patients the causative organism was *Salmonella typhi-murium*, and in one it was *Salmonella newport*. A further 10 cases were notified after an outbreak of suspected food poisoning at a college, but in this instance no pathogenic organism was isolated.

### **Summary of Outbreaks of Food Poisoning, which occurred during 1953**

#### 1. Outbreaks due to identified agents:—

Total outbreaks—nil. Total cases—nil.

Outbreaks due to:—

- (a) Chemical poisons—nil.
- (b) *Salmonella* organisms—nil.
- (c) *Staphylococci* (including toxin)—nil.
- (d) *Cl. botulinum*—nil.
- (e) Other bacteria—nil.

#### 2. Outbreaks due to undiscovered cause:—

Total outbreaks—1 (suspected) Total cases—10.

### **Details of Outbreak of suspected Food Poisoning**

On 1.6.53, information was received from a general practitioner that two of his patients, both college students, had been ill since the previous day, complaining of nausea and feverishness. He stated that there had been a number of cases of diarrhoea amongst other students at the college. It was decided to admit these two students to the Slade Hospital for investigation.

With the help of this practitioner and his partner, and the co-operation of the college authorities, it was found that 10 persons—9 students and the chef—had been affected. The onset of symptoms lay between May 29th and June 1st, and in 5 cases was sudden and occurred at night or in the early hours of the morning. Symptoms were given as feverishness (10 persons), diarrhoea (10), headache (9), vague abdominal pain (6), nausea (5), giddiness (4), vomiting (3), and sore throat (1). 2 persons said that they had passed blood in their motions and 2 said that 3—4 weeks previously they had an attack of diarrhoea.

The menus for 28th, 29th, and 30th May were scrutinised, but no single article of diet came under obvious suspicion. Several of those



affected had missed individual meals, and the few common meals eaten by all the victims did not appear to suggest a likely cause. It was not possible to obtain samples of foodstuffs for bacteriological examination.

Specimens of faeces were obtained from all those affected and from the 7 members of the kitchen staff, none of whom admitted to any recent gastro-intestinal upset. The chef had been treated for some time for upper-abdominal pain, probably due to an ulcer, but the recent attack of diarrhoea was unusual. No faeces specimen yielded any pathogenic organism although 8 specimens from affected students contained pus cells and moderate numbers of red blood cells.

It was stated that the college milk supply had been unsatisfactory during the previous ten days, and some had gone sour very quickly. It was known that the bottle-washing machine of the firm which supplied the college was not functioning entirely satisfactorily.

The kitchens were examined, but no gross defect in equipment or structure was disclosed.

The chef voluntarily went off duty until his symptoms had subsided and satisfactory reports had been received in respect of his faeces. Samples of milk were taken and proved to be satisfactory.

The outbreak may have been due to a toxin form of food poisoning or it may have been an example of winter vomiting disease.

### **Winter Vomiting Disease (Epidemic Nausea and Vomiting)**

Towards the end of 1953 and more definitely during the first two months of 1954, Oxford has been experiencing a fairly widespread epidemic of a non-specified form of gastro-enteritis. Symptoms have usually been mild and in most cases medical advice has not been sought, so that only a relatively small proportion of cases have been investigated. No pathogenic organisms have been found in specimens of faeces submitted for examination. Symptoms varied according to whether the upper or lower part of the gastro-intestinal tract was mainly affected, thus in some patients nausea and vomiting were the prominent features, whilst in others diarrhoea was the main symptom. In the general community, the pattern of such epidemics is usually very difficult to define, but a brief account is given of two small institutional outbreaks which were investigated:—

#### *Cowley Road Hospital:*

7 members of the staff and 3 patients were affected. On the night of 18.10.53, a nurse on "B" Ward vomited 4—5 times, between the hours of 11.30 p.m. and 7.0 a.m. She had no other symptoms, felt better next morning, continued on duty and did not report sick.

On the night of 20.10.53, a nurse on "F" ward vomited and had abdominal pain, and on 21.10.53, two nurses on "D" Ward became affected. On the night of 21.10.53 one of the ancillary staff complained of diarrhoea, and in the early hours of the morning of 22.10.53, a patient in "B" Ward had sudden profuse diarrhoea. Later that morning, two



nurses on "B" Ward began to complain of diarrhoea and abdominal pain, and one of them vomited several times. In the afternoon another patient in "B" Ward had profuse diarrhoea. On the night of 24.10.53, a third patient in "B" Ward was reported as having diarrhoea. No pathogenic organism was cultured from any of the specimens submitted.

The possibility of the infection being foodborne was investigated, but there was no evidence to support this view. The kitchens were in excellent condition, and no member of the staff was affected.

### *The Slade Hospital:*

5 members of the staff and 2 patients were affected. On 5.1.54, a part-time nurse on "M" Ward began to complain of abdominal pain, vomited at 2.0 a.m., and began to have diarrhoea at 6.0 a.m. She had complete loss of appetite for 24 hours after the onset of symptoms, but recovered rapidly. On 6.1.54, a nurse on "C" Ward complained of abdominal pain and loss of appetite.

On 7.1.54, a patient (R.C.) on "M" Ward, aged  $1\frac{3}{4}$  years, was visited by his father, who commenced vomiting and diarrhoea on 9.1.54. On the afternoon of 8.1.54, R.C. began to pass large offensive stools, vomited, and in the evening had a temperature of  $100^{\circ}\text{F}$ . The vomiting continued intermittently, and appetite remained poor for a week.

A nurse on night duty in "M" Ward had abdominal pain on 8.1.54, and the next day began to feel sick, shivery, and vomited 3 times. Another nurse on "M" Ward, who took over duty from the preceding one, on the night of 9.1.54, complained of diarrhoea on 12.1.54.

On the evening 14.1.54, a patient (B.H.) who was being nursed in the same four-bedded ward as R.C., complained of diarrhoea and vomiting. Finally, a nurse on duty in "C" Ward, who had felt poorly during 14.1.54, developed diarrhoea by evening, which later became severe.

No pathogenic organism was cultured from any of the specimens submitted.

There was no evidence that this outbreak was due to food poisoning. All the staff and patients on "M" Ward were contacts of the nurse originally affected. The two members of the nursing staff affected on "C" Ward could easily have been infected by a nurse from "M" Ward, but it should also be noted that between 31.12.53 and 13.1.54, 7 children and 1 adult had been admitted to "C" Ward, complaining of diarrhoea and vomiting of a non-specific character.

### **Infective Hepatitis**

Since the beginning of November, mild cases of infective hepatitis have been reported among children attending Wolvercote School and, at the time of writing this report (early February, 1954) 40 children and 5 adults are known to have been affected. Enquiry revealed that a child who probably suffered from a very mild attack without jaundice at the

beginning of October, and who continued to attend school, may have been the starting point of the outbreak. In this disease patients are most infectious before jaundice appears and the staff of the school have been very helpful in sending home any child with symptoms suggestive of the early stages of the disease, and informing the Health Department about them. 13 of the cases so far reported are members of one class and the age and sex distribution of those affected is as follows:—

	<i>Male</i>	<i>Female</i>
5 years	1	1
6 years	1	1
7 years	3	1
8 years	4	1
9 years	7	7
10 years	1	2
11 years	2	3
12 years	0	1
13 years	1	1
14 years	1	1
15 years	2	3
	—	—
	23	22
	==	==

NOTIFIABLE INFECTIOUS DISEASES SINCE 1932

DISEASE	1932	1933	1934	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953
Smallpox ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	105	143	188	180	245	286	175	145	218	219	252	444	275	304	122	115	76	115	39	76	102	136
Erysipelas ...	22	29	70	50	38	28	37	24	52	47	36	39	42	32	19	22	25	33	24	15	18	20
Puerperal	36	51	33	14	59	28	45	76	107	167	138	95	96	73	72	53	49	77	53	64	126	117
Pyrexia ...	26	20	46	28	8	9	4	12	11	4	8	20	9	7	16	36	59	83	18	13	18	47
Ophthalmia neonatorum	—	—	—	—	—	—	—	—	—	—	—	—	—	2	10	15	17	9	2	3	1	2
Pemphigus neonatorum	30	17	21	31	31	11	17	35	32	35	24	14	11	—	5	14	2	1	—	—	—	—
Diphtheria ...	—	—	—	—	—	—	—	43	1808	1442	52	1695	136	2199	114	904	1472	1141	986	1294	461	2376
Measles ...	—	—	—	—	—	—	—	22	61	997	61	599	575	244	178	772	573	240	586	741	71	367
Whooping Cough ...	—	—	—	—	—	—	—	38	121	126	109	109	57	97	87	79	60	76	79	96	64	91
Pneumonia ...	—	—	—	—	—	—	68	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis—	4	5	9	3	—	1	35	1	1	28	1	1	7	3	1	22	9	19	{ 7 1 }		4	6
Paralytic Non-para-lytic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Ence-phalitis—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	1
Infective ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Post-infectious	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal infection	5	8	2	—	3	4	14	3	54	28	12	12	5	2	5	13	4	2	—	4	2	5
Typhoid Fever	1	—	1	1	5	—	3	3	1	—	5	2	—	—	—	—	1	—	2	—	—	—
Paratyphoid	—	—	2	2	3	—	—	—	2	6	1	—	—	1	—	7	1	—	2	—	—	—
Bacillary Dysentery	—	—	—	—	33	13	11	—	—	22	80	44	28	171	9	13	26	16	30	255	68	79
Food Poisoning	—	—	—	—	—	—	38	—	—	1	—	—	—	42	3	9	13	27	10	21	40	25
Malaria ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—



## AGE AND WARD OF ALL NOTIFIED INFECTIOUS DISEASES IN 1953

NOTIFIABLE DISEASES	CASES NOTIFIED IN WHOLE DISTRICT AGES IN YEARS.													TOTAL NUMBER OF CASES IN EACH WARD						
	At all ages	Under 1 yr.	1-	2-	3-	4-	5-	10-	15-	20-	35-	45-	65-	S'town & W'lver- cote 12541	North 10130	West 10252	South 10184	East 14849	Head- ington & M'ston 23919	Cowley & Iffley 25125
Scarlet Fever ..	136	—	3	2	3	14	78	26	6	4	—	—	—	12	11	20	10	17	44	22
Erysipelas ..	20	—	—	—	—	—	3	—	2	1	3	9	2	—	3	2	2	3	3	7
Puerperal Pyrexia ..	117	—	—	—	—	—	—	—	16	80	20	1	—	—	70	1	1	—	44	1
Ophthalmia neonatorum	47	47	—	—	—	—	—	—	—	—	—	—	—	—	28	—	—	—	19	—
Pemphigus neonatorum	2	2	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—
Measles ..	2376	44	182	248	337	363	995	130	32	28	10	5	2	337	236	161	225	115	994	308
Whooping Cough ..	367	30	28	45	50	59	145	3	—	5	2	—	—	26	31	28	35	53	153	41
Pneumonia ..	91	2	—	—	1	2	4	2	2	13	9	28	—	3	15	19	14	5	14	21
Poliomyelitis—																				
Paralytic ..	6	1	1	—	—	1	1	1	—	1	—	—	—	—	—	1	—	1	2	2
Acute Encephalitis—																				
Infective ..	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—
Meningococcal infection	5	3	—	—	—	1	1	—	—	—	—	—	—	1	—	—	—	2	1	1
Bacillary Dysentery ..	79	2	—	5	5	6	13	10	7	18	9	4	—	3	21	14	23	3	9	6
Food Poisoning ..	25	1	3	1	2	1	3	—	—	12	—	1	1	1	1	13	4	3	3	—
	3272	132	217	301	398	447	1243	172	65	163	53	48	33	383	417	260	314	203	1286	409

# CASES OF INFECTIOUS DISEASES NOTIFIED FROM HOSPITALS

	Radcliffe Infirmary	Churchill Hospital	Slade Hospital	St. Anne's Nursing Home
Scarlet Fever .. ..	—	—	4	—
Erysipelas.. ..	—	—	3	—
Puerperal Pyrexia ..	71	40	—	2
Ophthalmia neonatorum	27	20	—	—
Pemphigus neonatorum	—	—	1	—
Measles .. ..	—	—	68	—
Whooping Cough.. ..	1	—	13	—
Pneumonia .. ..	3	—	—	—
Poliomyelitis (paralytic)..	1	—	2	—
Acute Encephalitis— Infective	1	—	—	—
Meningococcal infection..	1	3	—	—
Bacillary Dysentery ..	1	—	1	—
Food Poisoning .. ..	—	—	4	—
	106	63	96	2

### (b) THE SLADE HOSPITAL (Infectious Diseases Department)

The arrangement by which the Medical Officer of Health, with the assistance of his Deputy, is responsible to the Board of Governors of the United Oxford Hospitals for the clinical control of the infectious diseases beds at the Slade Hospital has continued to be of the greatest value to all concerned.

Dr. Mary Assinder, M.B., Ch.B., continued as Resident Medical Officer throughout the year, and the following report prepared by her is included by reason of the fact that the infectious diseases beds at the Slade Hospital are so very closely connected with the epidemiological work of the Health Department:—

“During the year, 1953, 36 beds were in use for the care of cases of infectious disease; 12 of these were in single cubicles and 24 in 4-bedded rooms.

The total number of admissions to these beds for the year was 499, showing an increase of 139 over the previous year's total of 360. Out of these, 7 deaths occurred.

The earlier part of the year was distinguished by an epidemic of measles. The increasing admissions of this disease reflected the main trend of notifications in the area. During January, 11 cases of measles came in, out of a total of 42 admissions to the wards. In February, 39 cases of measles were accepted out of a total of 67 admissions. In March, a peak of 42 cases was reached, out of 86 admissions, so that again measles accounted for nearly half. In April, cases began to decline, with 22 cases out of a total of 57 admissions. After that, the number became negligible, with 5 in May, 2 in June, and 1 in July. Most of these cases were suffering from a complication such as bronchitis or pneumonia. The vast majority of these cases were children, but some young adults were also seen, including one mother with a newly-born baby. The baby received gamma globulin immediately, and developed an extremely mild attack at the age of 10 days. One case had measles complicated by scarlet fever immediately afterwards; one small boy had measles with mumps. No deaths resulted from measles, complicated or otherwise.

21 cases of poliomyelitis were admitted, compared with 14 in 1952. Of these 21 cases, 5 were non-paralytic, 11 had spinal-type paralyses, 3 were bulbar, and 2 were bulbo-spinal in type. No cases were admitted until late in June: during June and July, 4 cases only were admitted, as compared with 9 in August. The numbers then decreased to 2 in September, 5 in October, and 1 in November. Of all the patients, only 4 came from the City of Oxford; the remainder came in from scattered surrounding country districts.

The total number of admissions with some form of enteritis, during the year, was 62. These comprised 46 cases of non-specific gastro-enteritis and 12 cases in which a pathogenic organism was found to be responsible. Of the specific diarrhoeas, 6 cases were due to *shigella sonnei*, 5 cases to



salmonella typhi-murium, and 1 case to salmonella bovis morbificans. Out of this group of 12 cases, 8 were admitted as transfers from other hospitals and, of these, 2 patients with salmonella typhi-murium infection died while in the Slade Hospital. They were transfers from Cowley Road Hospital and were aged and infirm, suffering from cardiac failure and pneumonia respectively.

Of the 46 cases of idiopathic diarrhoea, 12 came from wards in other hospitals, 10 were admitted via the Casualty Department, Radcliffe Infirmary, and the remaining 24 came from their homes.

One case of neoplasm of the gut was admitted with diarrhoea. One case of appendicitis and peritonitis came in as diarrhoea and vomiting. One baby who had had subarachnoid haemorrhages was transferred owing to diarrhoea, and subsequently died. One case excreting typhoid bacilli was admitted, though she did not present with intestinal symptoms, being a carrier of 25 years' standing, revealed by cholecystostomy.

44 cases of whooping cough were admitted, one of whom had epilepsy and another had been in contact with measles. The latter case was severe and died at about the expected date of development of the measles rash. Many of the 44 cases had varying degrees of bronchitis and 10 had pneumonia. 6 children developed pulmonary collapse of varying degree, and 2 pleural effusions. One child with osteomyelitis was admitted here for treatment as she had whooping cough also.

14 cases of mumps were admitted, one of which developed meningitis and one orchitis.

Streptococcal throat infections accounted for 55 admissions, of which there were 33 cases of scarlet fever (2 children developed mild degrees of carditis) and 22 cases of tonsillitis or pharyngitis; 6 cases of erysipelas were admitted and 4 cases of acute rheumatism came in; also, 1 man with cellulitis of arm. 4 cases of otitis media were treated.

27 cases of rubella came in, of which 3 had mild polyarthritis as a sequel.

34 cases of chicken-pox were admitted, including one man with a marked herpes zoster.

7 cases of infective hepatitis were admitted, and 7 cases of glandular fever.

Of respiratory infections, 19 cases of pneumonia or acute bronchitis were admitted, of whom 3 babies died. There were 6 cases of influenza. 1 case of laryngitis was admitted and 1 of tracheitis.

Altogether, the year has been one of varied diagnosis and general interest.

The arrangements whereby X-ray and pathological investigations are carried out at the Churchill Hospital, and the bacteriological work at the Public Health Laboratory, continues to run smoothly, thanks to the co-operation of all concerned."

# Admissions to the Infectious Diseases Wards at the Slade Hospital during 1953

	<i>Admissions</i>	<i>Deaths</i>
Measles .. .. .	122	—
Gastro-enteritis (non-specific) .. .. .	46	—
Whooping-cough .. .. .	44	1
Chickenpox .. .. .	34	—
Scarlet Fever .. .. .	33	—
Rubella .. .. .	27	—
Tonsillitis and pharyngitis .. .. .	22	—
Poliomyelitis .. .. .	21	—
Pneumonia and acute bronchitis .. .. .	19	3
Mumps .. .. .	14	—
Glandular fever .. .. .	7	—
Infective hepatitis .. .. .	7	—
Sonne dysentery .. .. .	6	—
Salmonella infection .. .. .	6	2
Erysipelas .. .. .	6	—
Influenza .. .. .	6	—
Otitis media .. .. .	4	—
Acute rheumatism .. .. .	4	—
Sulphonamide rash .. .. .	3	—

There were 2 cases of each of the following:—Pemphigus neonatorum, stomatitis, pyrexia of unknown origin.

There was a single case of each of the following:—Virus meningitis, puerperal pyrexia, typhoid fever, streptococcal septicaemia, cellulitis of arm, Bornholm disease, infective polyneuritis.

There were 17 miscellaneous cases in which the ultimate diagnosis was not an infectious disease. There was one death amongst this group.

2 well babies were admitted accompanying sick mothers and one well mother came in with a sick baby.

The following cases were admitted on suspicion, which eventually proved to be unfounded:—Poliomyelitis 7; measles 3; whooping-cough 4; mumps 2; glandular fever 2; rubella 1; malaria 1.

The following contacts were admitted for observation:—Rubella 7; measles 4; whooping-cough 2; chickenpox 2; mumps 1.

**(c) TUBERCULOSIS**

The staff engaged in carrying out the duties of the Local Health Authority with regard to Tuberculosis under Section 28 of the National Health Service Act, 1946, are:—

*Proportion of whole-time*

Dr. F. Ridehalgh, Consultant Chest Physician to the					
United Oxford Hospitals .. .. .	3/11ths				
Mrs. D. Hicks, Almoner, Chest Clinic .. ..	3/11ths				
3 Tuberculosis Health Visitors .. .. .	Whole-time				
1 Clerk .. .. .	3/11ths				

The third tuberculosis health visitor was appointed, whole-time, as from 1st September.

The number of cases of pulmonary tuberculosis notified during the year was 101, an increase of 27 over the record low figure for the previous year.

**Mass Radiography**

The Mass Radiography Unit of the Oxford Regional Hospital Board did not visit the City during 1953.

TABLE A  
New Cases and Mortality during 1953

Age Periods	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	Male	Female	Male	Female	Male	Female	Male	Female
0— ..	—	—	—	—	—	—	—	—
1— ..	1	—	—	—	—	—	—	—
2—4 ..	2	1	—	—	—	—	—	—
5—9 ..	2	2	1	—	—	—	—	—
10—14 ..	3	3	2	1	—	—	—	—
15—19 ..	5	4	1	1	—	—	—	—
20—24 ..	3	10	—	1	—	—	—	—
25—34 ..	11	17	1	2	2	1	—	1
35—44 ..	7	5	1	3	2	—	—	—
45—54 ..	7	4	1	1	1	—	—	1
55—64 ..	7	—	1	—	7	1	—	—
65 and over ..	5	2	—	1	5	1	—	—
Totals ...	53	48	8	10	17	3	—	2



TABLE B  
Progress of Notification

Year	Pulmonary	Non-Pulmonary	Total
1930	103	16	119
1931	93	24	117
1932	92	26	118
1933	93	24	117
1934	110	20	130
1935	86	17	103
1936	87	36	123
1937	101	43	144
1938	81	30	111
1939	98	23	121
1940	111	43	154
1941	113	42	155
1942	126	58	184
1943	103	46	149
1944	129	29	158
1945	120	34	154
1946	140	32	172
1947	144	27	171
1948	148	25	173
1949	180	18	198
1950	113	11	124
1951	85	4	89
1952	74	10	84
1953	101	18	119

REPORT BY DR. F. RIDEHALGH, CONSULTANT CHEST PHYSICIAN TO THE  
UNITED OXFORD HOSPITALS

"The official statistics of tuberculosis in Oxford in 1953 show a small increase in deaths and a more marked rise in new cases as compared with 1952. This possible adverse trend calls for a more detailed analysis.

### Mortality

Of the 22 deaths, 2 were due to non-respiratory tuberculosis. Both cases were notified on the death returns and both were women. 1 died from long-standing known tuberculosis of the kidney, but had not previously been notified. The other woman died from miliary tuberculosis and meningitis after operation for tuberculous glands of the neck. Of the 20 deaths from respiratory tuberculosis, 5 occurred in patients notified only on the death return. The ages of these cases lay between 59 and 75 and all were males. 1 case was a man of 59 whose 2 sons were already on the register of respiratory tuberculosis cases. He had repeatedly refused examination as a contact. All known contacts of the remaining cases were examined and no secondary case found. It is unusual for 25% of respiratory tuberculosis deaths in the year to be notified in this way. If the event has any significance, it is to suggest that practitioners should take even greater care to exclude tuberculosis in their elderly patients with respiratory symptoms.

We are left with 15 deaths of notified cases. No death occurred under the age of 25. No death occurred from tuberculosis spreading inexorably despite treatment. In the 25—35 age group, 2 deaths took place from intractable haemoptysis, 1 from cardio-respiratory failure and 1 from a terminal pyo-pneumothorax, all 4 cases showing gross bilateral destruction of the lungs on diagnosis. Of these cases, 1 was diagnosed 18 months before death, 2, 6 and 10 years before. The woman who died from pyo-pneumothorax was the sister of a known case and developed gross broncho-pneumonic tuberculosis within a few months of a normal examination as a contact.

In the 35—44 age group, 1 man with advanced tuberculosis of 10 years standing died from cardiorespiratory failure.

10 deaths at ages 45—75 were all in cases of extensive chronic disease with severe impairment of respiratory function. In 7 cases, death occurred between 1 and 2 years and, in 3, more than 7 years after diagnosis. There is no doubt that tuberculosis in these older people responds less well to chemotherapy than that of younger persons, nor can chemotherapy prevent the development of cardio-respiratory failure, the commonest terminal event in this age group.

## Notifications

There is a sharp increase in the number of new cases diagnosed; from 74 to 101 in respiratory cases and from 10 to 18 in non-respiratory cases. The increase in non-respiratory notifications is mainly in adults and I regard it as largely due to an improvement in the efficiency of notification. The non-respiratory cases were distributed as follows:—

Tuberculous meningitis	..	..	..	0
Miliary tuberculosis and meningitis			..	1 (notified at death)
Renal tuberculosis	..	..	..	6
Female genital tract	..	..	..	4
Bone and joint	..	..	..	3
Abdominal	..	..	..	0
Cervical adenitis	..	..	..	4
				—
				18
				==

No clear trend can be observed in the increase in notifications of respiratory tuberculosis. There is an increase in notifications of primary tuberculosis in children under 15, not necessarily an indication of increased morbidity. In adult women, the rise is fairly even, distributed between ages 20—34. A somewhat smaller overall rise occurs in men at ages 15—19 and at 25—34.



## Contact Examination and Case Finding

All household contacts are invited to attend, and failure only occurs where there is an obstinate refusal after repeated requests. Contact examination is extended outside the household whenever it is discovered that there are siblings, married children, or other contacts living elsewhere. The existence of contacts living outside the area is notified to the appropriate Chest Physician unless such contacts can conveniently be examined in Oxford. Present X-ray facilities could not deal with routine surveys of all places of work. The two large motor-car factories now have their own X-ray plant and I greatly appreciate their help in X-raying not only their new entrants but also the workmates of new discovered cases. In 5 instances the whole staff of smaller workshops or offices have been X-rayed at the Churchill Hospital or the Radcliffe Infirmary after the discovery of a new case.

Examination by miniature X-ray is now offered to all new out-patients attending the Radcliffe Infirmary and as a routine procedure in all expectant mothers attending ante-natal clinics. Tuberculin testing of children attending infant welfare clinics has been extended, and the families of all positive reactors are investigated and X-rayed. The hospital and Public Health laboratories report all positive findings of tubercle bacilli to the Chest Clinic. Positive findings on patients living outside the area are transmitted to the appropriate Chest Physician. This procedure has undoubtedly increased the efficiency of ascertainment.

A total of 690 new contacts were examined during 1953, details as follows:—

	<i>M.</i>	<i>W.</i>	<i>Ch.</i>	<i>Total</i>
Number of contacts diagnosed tuberculous ..	—	1	3	4
Number of contacts found non-tuberculous ..	79	110	43	232
Number of contacts not determined .. ..	81	186	187	454
<hr/>				
Number of contacts examined for the first time in 1953 .. .. .	160	297	233	690
<hr/>				

## B.C.G. Vaccination

Prophylactic vaccination was carried out by the clinic staff on 151 contacts, 9 of whom were nurses. This figure does not include medical students and hospital staff who had B.C.G. or Vole vaccination by means of other arrangements. Little difficulty has been found in persuading parents to accept vaccination for their contact children. In most cases this is done immediately after the admission of the infecting case to hospital so that special arrangements for segregation have not been needed. In the case of expectant mothers in tuberculous households, arrangements are put in hand as soon as the pregnancy is known, and the baby is usually

vaccinated within a few days of its arrival. The bulk of the labour of B.C.G. vaccination lies in the follow-up.

						<i>Contacts</i>	<i>Hospital workers</i>
1950 (July to December) .. .. .	..	..	..	..	..	48	25
1951 .. .. .	..	..	..	..	..	85	62
1952 .. .. .	..	..	..	..	..	141	31
1953 .. .. .	..	..	..	..	..	142	9
						<hr/> 416	<hr/> 127
						<hr/> <hr/>	<hr/> <hr/>

In 1953, all converted following vaccination and all maintained tuberculin sensitivity.

Arrangement for the proposed and desirable vaccination of school-leavers are now taking form. It is to be regretted that the vaccination of negative reactors cannot be supported by the X-ray examination of positive reactors so as to counter the natural anxiety of their parents.

## Housing

	Category 1	Category 2	Category 3	Total
Waiting list 1.1.53 .. .. .	11	7	8	26
Added during 1953 .. .. .	7	6	4	17
Re-housed 1953 .. .. .	8	3	0	11
Removed from list for other causes	1	1	0	2
Waiting list 31.12.53 .. .. .	9	9	12	30

In addition to these, 2 tuberculous families not on our list were re-housed and 8 exchanges of houses took place.

## Health Visiting and Social Welfare

For some months during 1953, only 2 tuberculosis health visitors were available. The number of visits therefore fell from the record total of 4,693 in 1952 to 4,068, a figure which, in my opinion, reflects great credit on the staff.

The weekly case conference attended by doctors, health visitors, almoners, and the occupational therapist, is of the greatest value in co-ordinating our efforts, both preventive and curative.

Full details of the work of the Care Committee are given elsewhere, but I should like to express my own appreciation of the cordial and kindly way in which the members of this Committee deal with our patients' problems."

## Almoner's Report

"During the course of 1953, many patients have passed through the Almoner's Department and the problems presented by these patients



have been as varied as the personalities behind the problems. In spite of the tremendous advances made in the treatment of tuberculosis, it is still a long and tedious illness which strains family relationships to the utmost, plays havoc with carefully planned finances and introduces elements of fear and anxiety previously unknown.

At the outset, patients frequently need help in adjusting themselves to the material difficulties immediately apparent; the change from the steady wage to the allowance provided by the State is seldom easy, and commitments taken in the family stride when the full wage is drawn, become an alarming burden on the decreased income.

During this first period of adjustment to the leaner budget, the support of the Care Committee in taking the strain over such outstanding expenses as hire purchase on furniture, clothing clubs or individual insurances is inestimable. The Care Committee has in this year, as in previous years, been able to help on many occasions where State funds could not for various reasons be called upon. The great value of the comparative elasticity enjoyed by a voluntary body is constantly shown.

The financial stability of the Care Committee has once more been maintained by the successful outcome of the annual Seal Sale. Members of the Committee and officials of the Council have worked to this end by circulating seals and making the appeal widely known in the City.

The difficulty of keeping in touch with patients who are transferred to Peppard Sanatorium have again been alleviated by the generous help of the Rotary Club in providing a car for visitors twice a month.

Planning with the patient for his or her return to work towards the end of the illness involves much discussion between those who make up the Chest Clinic team—Chest Physicians, Health Visitors, Occupational Therapists, and Almoners. Liaison with the Disablement Resettlement Officers at the Labour Exchange has always been continuous, and arrangements for rehabilitation or training courses have been made where the illness has necessitated a change in occupation. The changing tide of employment is making it more difficult to find light work for patients, unless their previous firms can make such vacancies. The older patient, particularly where treatment has not rendered him completely non-infectious, is in a very weak position for re-employment and needs the tempered wind of a sheltered workshop. It is to be hoped that the resurgence of interest in rehabilitation on a national level, provoked by the present government inquiry, may lead to further progress in this field, which will affect the tuberculous as well as the other disabled.

In working on the social aspects of this illness, the Almoners have had a great deal of understanding help from the various government departments outside the Clinic—among others, the National Assistance Board, the Ministry of Pensions, and the Ministry of Labour. As always, ready help has been forthcoming from voluntary societies in the City."

## (d) VENEREAL DISEASES

In connection with Section 28 of the National Health Service Act, 1946, relating to the prevention of illness and after-care, the City Council accepts responsibility for 2/11ths of the salary of a hospital almoner who spends about a quarter of her time on venereal disease work.

The following table summarises the work of the clinic held at the Radcliffe Infirmary for 1953 and compares this year with the two previous years. It should be noted that the figures given in this table include patients from the wide area around Oxford served by the Radcliffe treatment centre:—

<i>New Patients suffering from:</i>	1953		1952		1951	
	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>
Syphilis, primary ..	2	—	1	—	1	2
„ secondary ..	—	—	—	1	1	—
„ latent ..	9	8	13	17	13	8
„ congenital ..	1	1	1	3	—	4
„ TOTAL ..	12	9	15	21	15	14
Gonorrhoea ..	31	21	51	15	33	5
Other conditions ..	186	69	174	59	176	49
Undiagnosed ..	2	7	2	4	6	8
TOTAL NEW PATIENTS ..	231	106	242	99	230	76
TOTAL ATTENDANCES ..	1101	914	1198	946	1410	1031

The following report has been received from Dr. Patrick Mallam, Consultant in Charge of the Special Department, and includes the report of Miss N. M. Coggin, Almoner to the Venereal Diseases Department:—

“The number of patients infected with venereal diseases remains low. The majority of those attending the special department are found to be suffering from other conditions. The figures for syphilis total no more than 21 for both sexes, and of these, only 2 were recently acquired infections. The number of cases of gonorrhoea amongst the men patients (31) is considerably lower than last year (51), but is about the average for the 3 previous years. The number of women patients infected with gonorrhoea (21) is, however, the highest for over 5 years. The reason for this is, the same as suggested last year namely the presence of troops in the area. Considerably more than half the women and girls infected were believed to have contracted their infection from members of the Forces.

There is nothing new to report about the work of the special department for this year, and the Slade Hospital continues to provide adequate accommodation for the performance of lumbar punctures and for in-patient treatment.

The almoner has continued to supervise all patients attending the Department and to write or visit defaulters where necessary and advisable. She has made every effort to persuade possible contacts to attend the clinic.”



**Table showing the incidence of new cases of Venereal Disease in City Residents from 1938—1953**

	MALES		FEMALES	
	Syphilis	Gonorrhoea	Syphilis	Gonorrhoea
1938	13	87	15	25
1939	6	44	8	9
1940	30	69	24	14
1941	33	56	33	27
1942	23	34	26	22
1943	22	24	28	34
1944	11	28	15	30
1945	11	24	12	17
1946	23	57	19	15
1947	14	26	25	10
1948	7	36	12	7
1949	8	17	9	2
1950	14	9	9	6
1951	8	10	6	3
1952	7	25	5	8
1953	8	16	3	13

### (e) VACCINATION AND IMMUNISATION

#### 1. Immunisation against diphtheria

Table showing the number of primary immunisations completed and the number of reinforcing injections given during 1953:—

	Age at date of final injection (as regards A) or of reinforcing injection (as regards B)							
	Under 1 yr.	1 year	2 years	3 years	4 years	5-9 years	10-14 years	Total
A. Number of children who completed a full course of primary immunisation .. ..	632	376	25	14	24	74	16	1161
B. Number of children who were given a reinforcing injection ..	1	—	—	8	63	670	585	1327

152 of the primary immunisations were completed and 29 of the reinforcing injections were given by general practitioners participating in the Council's scheme under Section 26 of the National Health Service Act 1946. All other injections were carried out by the staff of the Health Department.

#### Comments:—

(1) The prophylactic material in use throughout the year for all injections was P.T.A.P.

(2) Primary immunisations decreased by 142 and reinforcing injections by 510 in comparison with 1952. The fall in the latter figure is largely due to shortage of medical staff, together with increased time spent on extensions in other aspects of the school health service. It is hoped to catch up with the reinforcing injections in 1954.

(3) Although the Ministry of Health recommends that primary immunisation should be completed before the first birthday it will be seen from the table given above that a considerable proportion of babies do not complete their course until they are in their second year. This is partly because the policy of the Health Department is to regard immunisation against whooping-cough as more urgent at the present time, and many mothers prefer to complete one course before embarking on the other. Moreover delay in either course may result from the presence of a cold or a minor infection in a child at the time the injection is due.

(4) From the figures given above it can be calculated that 78% of the primary courses and 98% of the reinforcing injections were given by the staff of the Health Department. This is an indication of the advantage taken by parents of the facility with which the former procedure is available at all Child Welfare Clinic sessions and the latter in relation to routine school medical inspections.

(5) It has not been thought necessary to restrict immunisation at any time during the year on the grounds of an increased risk of post-inoculation poliomyelitis.

(6) The exact proportion of babies immunised is difficult to estimate accurately. A recent Ministry of Health Circular stated that the national figure of 31.5% of babies immunised during the first half of 1953 in their first year of life was far too low, and that the target should be 75%. The Oxford figure for 1953, based on the Registrar-general's estimated child population (under 1 year) on 30th June, 1953, is 41%. This does not, however, give a true picture of the situation; it has been pointed out above that in a considerable proportion of cases the course is not completed until after the first birthday. In order to arrive at a more realistic figure the health visitors have studied the records of all children born in 1951 and still on their visiting list at the end of 1953. There were 1160 such children, of whom 826 had been immunised. This gives a figure of 71.21% which can be regarded as fairly satisfactory.

The corresponding figure for 1952 was 76.18%.

## 2. Vaccination against smallpox

Table showing successful vaccinations performed during the year:—

Age at date of vaccination	Under 1 year	1 year	2-4 years	5-14 years	15 years and over	Total
Number vaccinated (primary)	894	21	22	7	93	1037
Number re-vaccinated .. ..	—	—	11	30	609	650



Of the vaccinations carried out during the year, 258 primary vaccinations and 462 re-vaccinations were performed by general practitioners participating in the Council's scheme under Section 26 of the National Health Service Act 1946.

During the year, six attempts at vaccination were made on one child, four attempts on three children and three attempts on six children who were therefore classified as "insusceptible to vaccination". Two attempts were also made without success on fifteen children.

No untoward reaction to vaccination occurred during the year.

### Proportion of babies vaccinated

The number of Oxford babies vaccinated during 1953 while still under one year of age (894) expressed as a percentage of the number of live births registered in the last half of 1952 and the first half of 1953 (Oxford residents) gives a figure of 58%. This shows an increase over the 1949, 1950, 1951 and 1952 figures when the proportions were 44.05%, 45.43%, 51.28% and 56.45% respectively.

These figures show a steady increase since vaccination ceased to be "compulsory" in 1948. They also compare very favourably with the national figure of 30.8% for 1952 (the latest year for which it is available). This is undoubtedly due in a large measure to the ease with which vaccination is available at all child welfare clinic sessions, and to the educational efforts of the medical and health visiting staff.

### 3. Immunisation against whooping-cough

The intensive follow-up by special staff of the children in the Medical Research Council trial of whooping-cough vaccines, initiated in 1951, continued throughout 1953. By the end of the year it was clear that the vaccines were giving a high degree of protection. During the early part of 1953 routine immunisation continued to be offered at all child welfare clinic sessions for children between six months and four years, using a vaccine of proved reliability, supplied free of charge by kindness of the Medical Research Council. When the supplies of this vaccine came to an end the procedure was continued with a commercial vaccine and the age-group extended to include children between four months and five years. It was decided to make every effort to provide protection as soon as possible after four months. It was also decided not to regard a family history of convulsions as a contra-indication and to consider the merits of the case, in consultation with the family doctor (and if necessary with a paediatrician), in a child with a personal history of convulsions.

Table showing the total number of immunisations completed during 1953:—

Under 1 year	1 year	2 years	3 years	4 years	Total
669	171	32	14	18	904

This shows a decrease in 39 in the total number of courses completed when compared with 1952, but an increase of 103 in the number of children protected in their first year.

No serious reaction to the commercial vaccine was observed during the year. A slight local and general reaction—usually limited to some discomfort and restlessness during the first night—was fairly common, but was rightly regarded by the mother as a small price to pay for protection against so serious a disease as whooping-cough. In 5 instances the general reaction was sufficiently marked for the mother to decide to discontinue the course.

Unfortunately no really accurate assessment of the value of the commercial vaccine is possible in the absence of special staff for an intensive follow-up of every child. Records are being kept of any case of notified whooping-cough in an immunised child and it is hoped that this will ultimately give an indication of the value of the vaccine. No such case occurred during 1953.

## 5. Inoculation of travellers

During the year persons travelling abroad were given inoculations by the staff of the Health Department as follows:—

					<i>Primary immunisation</i>	<i>Re-immunisa- tion</i>
T.A.B.	..	..	..	..	35	14
Anti-cholera	..	..	..	..	14	14
Anti-typhus	..	..	..	..	3	—
Tetanus toxoid	..	..	..	..	8	—

## (f) RINGWORM, SCABIES AND PEDICULOSIS

### Ringworm

The fall in the number of cases of ringworm of the scalp has continued. By the end of July, all cases under treatment had been cured and no further case has been reported since then. The figures below show the numbers treated since 1946:—

1946	91
1947	57
1948	55
1949	36
1950	20
1951	16
1952	10
1953	7



The careful work by the staff of the special diagnostic clinic at 60 St. Aldates, which functioned from 1946 to September 1952, has much to do with this satisfactory state of affairs.

### Scabies

This work continues to be undertaken by one of the nursing assistants and individual arrangements are made for each family affected. The treatment is carried out at the patient's home, if possible, but if home conditions are inadequate for the purpose, Donnington Clinic is used. These arrangements have proved very satisfactory.

	1948	1949	1950	1951	1952	1953
Total number of treatments given (cases and contacts)	148	132	67	19	73	56

During the year, a greater number of schoolchildren were treated, but numbers in other age groups decreased.

### Pediculus Capitis

During the year, 32,094 cleanliness inspections were carried out by school-nurses and, out of a school population of 11,487 inspected, 180 children (1.56%) were found to have louse infestation of the head. All family contacts were examined and the mother advised to continue treatment at home with the same preparation used at the clinics.

## SECTION V

## MATERNITY AND CHILD WELFARE

REPORT BY DR. MARY FISHER,  
B.Sc., M.R.C.S., L.R.C.P., M.M.S.A., D.C.H.

## A. MATERNITY

(including domiciliary midwifery)

## I. Midwives practising in the area

Number of midwives practising at the end of the year in the area of the Local Supervising Authority:—

(a) Municipal midwives .. .. .	6
(b) Midwives employed by Voluntary Organisations—	
(i) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act 1946 .. .. .	Nil
(ii) Otherwise (including hospitals not transferred to the Minister under the National Health Service Act 1946)	Nil
(c) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act:—	
(i) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act 1946 .. .. .	Nil
(ii) Otherwise .. .. .	39
(d) Midwives in private practice (including midwives em- ployed in Nursing Homes) .. .. .	4

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49

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## II. The Domiciliary Midwifery Service

## 1. General arrangements

All the domiciliary midwifery is carried out by full-time midwives employed by the City Council.



## 2. Details of the work of the individual midwives during the year.

TABLE I

	Deliveries as Midwife	Deliveries as Maternity Nurse	Mis- carriages	Total	Antenatal Visits	Nursing Visits	Postnatal Visits (i.e. after the 14th day)	Total Visits
*Midwife A. (East Oxford and Marston)	46	7	1	54	368	739	25	1132
Midwife B. (Headington) .. ..	92	1	3	96	595	1671	34	2300
Midwife C. (Cowley) .. ..	102	12	1	115	1019	2518	85	3622
†Midwife D. (South and West Oxford) ..	71	1	1	73	659	759	40	1458
§Midwife E. (South and West Oxford) ..	12	2	—	14	134	191	—	325
Midwife F. (Summertown, Wolvercote and North Way) .. ..	79	8	—	87	918	1814	58	2790
Midwife G. (North and Central Oxford)	70	16	2	88	752	1424	41	2217
Totals .. ..	*472	47	8	527	4445	9116	283	13,844

\* This figure includes 1 delivery of a County patient at Yarnton.

\* Appointed 1.4.53.

† Resigned 30.9.53.

§ Appointed 1.11.53.

## Comments

When compared with 1952, this table shows a slight reduction in the total number of deliveries and a corresponding reduction in the ante-natal, nursing and total visits. It will be seen that the vast majority of deliveries are still carried out by the midwife in the absence of a doctor.

### 3. Notifications to the Local Supervising Authority

(i) Medical Aid (whenever the assistance of a general medical practitioner has been sought in accordance with the rules of the Central Midwives Board).

Number of notifications for the calling in of medical aid received = 214. (Mother 168, Baby 46).

The reasons given were:—

<i>Mother</i>							
Abdominal pain	..	..	..	..	..	..	2
Abortion	..	..	..	..	..	..	3
Adherent placenta	..	..	..	..	..	..	2
Antepartum haemorrhage	..	..	..	..	..	..	6
Breech	..	..	..	..	..	..	3
Delay in 1st stage	..	..	..	..	..	..	6
Delay in 2nd stage	..	..	..	..	..	..	17
Difficult micturition		..	..	..	..	..	1
Early rupture of membranes			..	..	..	..	1
General malaise	..	..	..	..	..	..	1
Hydramnios	..	..	..	..	..	..	1
Intrapartum haemorrhage	..	..	..	..	..	..	1
Malpresentation	..	..	..	..	..	..	2
Pain in back	..	..	..	..	..	..	1
Painful leg	..	..	..	..	..	..	2
Postpartum haemorrhage	..	..	..	..	..	..	6
Premature labour	..	..	..	..	..	..	5
Pyrexia	..	..	..	..	..	..	17
Rash on breasts	..	..	..	..	..	..	1
Retained placenta	..	..	..	..	..	..	2
Retention of urine	..	..	..	..	..	..	1
Ruptured perineum	..	..	..	..	..	..	80
Secondary postpartum haemorrhage			..	..	..	..	1
Threatened miscarriage	..	..	..	..	..	..	6



*Baby*

Asphyxia neonatorum—blue	..	..	..	..	1
white	..	..	..	..	3
Cleft palate .. ..	..	..	..	..	1
Cold .. ..	..	..	..	..	2
Discharging eyes	..	..	..	..	27
Erb's paralysis	..	..	..	..	1
Excessive mucus	..	..	..	..	1
Ill baby .. ..	..	..	..	..	2
Prematurity .. ..	..	..	..	..	3
Rash .. ..	..	..	..	..	1
Septic spot .. ..	..	..	..	..	2
Swelling in groin	..	..	..	..	1
Umbilical bleeding	..	..	..	..	1
					—
					46
					==

All mothers booked for delivery by a domiciliary midwife now also book with a general practitioner under the Maternity Medical Service. As "medical aid" is included in this service, payment for it is no longer borne by the rate-payers—except in the occasional emergency unbooked case. There were only three of these in 1953.

- (ii) Stillbirths                      3 notifications were received.
- (iii) Laying out the dead          No notifications were received.
- (iv) Artificial feeding              170 notifications were received, bottle in place of breast in 59 cases (31 from Institutions and Nursing Homes, 28 from domiciliary midwives) in addition to breast in 111 cases (91 from Institutions and Nursing Homes and 20 from domiciliary midwives).
- (v) Liability to be a source of infection          No notifications were received.

## 4. Details of the domiciliary deliveries during 1953

TABLE II

	Deliveries as Midwife		Deliveries as Maternity Nurse	
	Primiparae	Multiparae	Primiparae	Multiparae
Total cases .. ..	100	372	17	30
Live Births .. ..	100	370	17	29
Twins .. ..	—	—	—	—
Still-births .. ..	—	2	—	1
Death of baby at home ..	—	—	—	—
Forceps delivery .. ..	6	—	—	—
Emergency obstetric service .. ..	4	5	—	—
Premature baby "flying squad" .. ..	—	1	—	—
Baby transferred to hospital other than by "flying squad" ..	2	6	—	1
Mother and baby transferred to hospital ..	—	—	—	—
Anaesthesia and analgesia:				
(a) Gas-and-air .. ..	98	346	17	28
(b) Pethidine .. ..	70	176	14	17
(c) Other anaesthetics	6	—	1	1
Antenatal care:				
(a) General practitioner	69	214	17	30
(b) Clinic and general practitioner .. ..	30	157	—	—
(c) None (emergencies)	1	1	—	—
Feeding at 14 days:				
(a) Breast entirely .. ..	85	332	14	25
(b) Breast and bottle .. ..	3	12	3	2
(c) Bottle entirely .. ..	8	18	—	2

*Note.*—15 mothers were admitted to hospital for complications occurring during labour. They are not included in the above table.

## 5. Gas-and-air analgesia

It is the policy of the department to provide gas-and-air analgesia for every mother who wants it. With this end in view the following measures are carried out:—

(1) Every midwife has her own gas-and-air machine which she carries, together with spare cylinders of gas, in her car wherever she goes.

(2) The machines are serviced every three months by the British Oxygen Company. This is considered essential for efficiency.

(3) A spare machine is always available in case one should break down.

(4) Every mother not already familiar with it is instructed in the use of the machine during pregnancy.

(5) The midwife booked for the case always makes sure that the necessary medical certificate is in the mother's possession a month or so before she is due to go into labour.



(6) The Supervisor of Midwives investigates the circumstances in every case where analgesia is not given.

The increased insistence on these measures has resulted in a steady rise in the number of mothers receiving analgesia in the past six years, as will be shown in the following table:—

Proportion of midwives' cases receiving analgesia:—

1948	73%
1949	84%
1950	87%
1951	90%
1952	90%
1953	94%

These figures compare very well with that for the country as a whole. The latter improves slowly each year, but had reached only 62% in 1952 (the latest year for which it is available).

In 1953 the reasons why gas-air-and was not given were as follows:—

Born before arrival of midwife	..	..	..	13
Rapid delivery, no time	..	..	..	10
Refused by mother	..	..	..	5
				—
				28
				==

## 6. Administration of pethidine

Pethidine was given in 246 cases in which the midwife was acting on her own responsibility. (i.e. 52% of cases, compared with 48% in 1952 and 27% in 1951).

It should be noted that pethidine is in a different category from gas-and-air analgesia. One does not attempt to provide 100% availability, because its use is indicated only in certain cases.

## 7. Still-births and neonatal deaths

During the year there were only 3 still-births and no instance in which a neonatal death occurred at home. This is a very satisfactory record. Every case was fully investigated and a postmortem examination carried out.

The causes were found to be as follows:—

(1) Multiple congenital abnormalities	..	..	1
(2) Anencephaly	..	..	1
(3) Intrauterine death of unknown origin	..	..	1

## 8. Antenatal care for domiciliary cases

In accordance with the arrangement made during 1952 antenatal

care continued to be carried out for domiciliary cases by one of the following two methods according to the mother's own wishes:—

(a) Full antenatal care by a general practitioner. The mother attends a clinic just for collection of blood for the routine W.R. and Rh tests and haemoglobin estimation or she can go to the pathology laboratory at the Radcliffe. In every case the mother is also visited and examined periodically by the midwife and her pupil who keep a full record on a special form.

During the year two more general practitioners (making four in all) established regular weekly antenatal sessions at their surgeries. These are attended by a midwife or her pupil.

(b) Routine antenatal care at a clinic, but also in every case booking with a general practitioner under the Maternity Medical Service. The mother sees the general practitioner as early as possible in pregnancy and is again referred to him with a full report from the clinic at 36 weeks.

The trend continues to be towards the former arrangement, as shown by the following table:—

TABLE III  
(Cases booked as midwives' cases)

	1953	1952	1951	1950	1949	1948	1947
Attended antenatal clinic only .. ..	—	95	238	327	334	427	582
Attended general practitioner only ..	283	252	194	182	124	45	31
*Attended both clinic and doctor .. ..	187	154	63	20	—	—	—
No antenatal care (emergencies) ..	2	4	6	2	4	3	—
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	472	505	501	531	462	475	613
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

\*These figures do not include mothers attending a general practitioner for antenatal care and coming to a clinic just for blood tests.

The distribution of bookings under the Maternity Medical Service among doctors in practice in the City was as follows:—

20—30 cases	10 doctors
10—19 cases	12 doctors
5—9 cases	11 doctors
1—4 cases	5 doctors

(This omits 3 cases booked by doctors whose practices are mainly outside the City boundary).



## 9. Care of mothers discharged from hospital during the puerperium

It is the agreed policy in Oxford that a mother who is booked for hospital delivery should be discharged before the tenth day only in exceptional circumstances. During 1953 forty-two mothers were discharged earlier than this, for the following reasons:—

Booked by midwife, but admitted to hospital .. .. .	23
To relieve pressure on beds during staphylococcal infection at Churchill Hospital .. .. .	4
Compassionate grounds (baby died or still-born) .. ..	9
Mother discharged early at own request .. .. .	6
	—
	42
	==

In addition four mothers were discharged after the tenth day to the care of a domiciliary midwife as still needing nursing attention.

## 10. Training School in Domiciliary Midwifery

Part II pupil midwives from the Churchill Hospital continued to receive their three months' district training with the domiciliary midwives, all of whom are approved to act as teachers by the Central Midwives Board. The pupils live in the hostel at 82—84 Abingdon Road which is in charge of the Supervisor of Midwives. In addition to their practical work on the district they attend antenatal and child welfare clinics for instruction. During the year 37 pupils were admitted. The C.M.B. Part II examination was taken by 37 pupils. Of these 35 passed at the first attempt, 1 at the second and 1 still failed to satisfy the examiners at the third attempt. Pupils attended 466 deliveries on the district during the year (included in the table of deliveries by domiciliary midwives).

## III. City Antenatal Clinics

Attendances at the clinics decreased still further during the year, as shown in the table below. Mothers who prefer to attend a clinic rather than their own doctor for routine antenatal care usually do so because it is geographically more convenient or because they have done so in previous pregnancies.

TABLE IV

## Attendances at the City antenatal clinics, 1953

Clinics	First attendances	Re-attendances	Total attendances	No. of sessions	Average attendances
Headington	66	412	478	50	9.56
East Oxford	43	250	293	51	5.74
St. Aldate's	50	421	471	53	8.88
Donnington	37	264	301	52	5.79
North Oxford	45	337	382	51	7.49
Totals	241	1684	1925	257	7.58

1952 totals	294	2165	2459	260	9.46
1951 totals	379	2785	3164	256	12.36
1950 totals	399	3077	3476	258	13.47
1949 totals	464	3160	3624	255	16.10
1948 totals	410	3051	3461	232	14.92

(N.B.—The above figures do not include attendances made by mothers solely for the purpose of blood tests. These numbered 224 in 1953, compared with 134 in 1952).



TABLE V

## Analysis of antenatal conditions requiring special attention

	North Oxford	St. Aldate's	Head- ington	Donn- ington	East Oxford	Total
A. Treatment given at clinic for:						
1. Cramp .. .. .	4	8	3	6	5	26
2. Haemorrhoids ..	1	—	—	—	—	1
3. Indigestion .. ..	6	7	6	3	3	25
4. Insomnia .. ..	5	24	11	3	4	47
5. Mild toxaemia ..	—	2	4	2	2	10
6. Vaginal discharge ..	2	5	2	—	3	12
7. Varicose veins.. ..	6	4	3	2	2	17
8. Weak abdominal muscles .. .. .	—	—	—	1	—	1
9. Other medical condi- tions .. .. .	3	4	2	3	2	14
B. Malpresentations corrected	1	13	9	7	4	34
C. Special investigations:						
1. Bacteriological investi- gation of vaginal dis- charge .. .. .	—	—	1	—	—	1
2. Catheter specimen of urine .. .. .	1	—	1	1	—	3
3. Haemoglobin estima- tions .. .. .	86	144	153	80	60	523
D. Referred to own doctor:						
1. Urinary infection ..	1	—	1	—	1	3
2. Varicose veins ..	3	—	1	—	1	5
3. Other medical condi- tions .. .. .	5	—	—	—	6	11
E. Referred to Radcliffe Maternity Department or Churchill Hospital ..						
1. Obstetrical conditions	2	8	3	1	3	17
2. Rh incompatibility ..	—	—	1	—	1	2
3. Toxaemia .. ..	—	—	—	—	1	1
4. Other medical condi- tions .. .. .	—	—	1	1	1	3
5. Social causes .. ..	—	—	—	—	2	2
F. Referred to Chest Clinic:	—	—	1	—	—	1
G. Referred to Radcliffe In- firmery Anaemia Clinic .. .. .	2	1	4	—	1	8
H. Dental treatment advised	21	24	50	21	26	142
Dental treatment fully carried out .. ..	12	11	25	13	13	74
Dental treatment partially carried out and then abandoned by mother..	—	—	1	—	1	2
Dental treatment ar- ranged or started; final outcome not known ..	6	1	9	4	5	25
Dental treatment refused	3	12	15	4	7	41

## Comments

The investigation into anaemia in pregnancy was brought to a close during the year; it is hoped to publish the results in the medical press. It has shown clearly that the haemoglobin level can be maintained at a high level (over 90%) at term in the vast majority of cases by the regular administration of iron. Every mother is therefore given iron as a routine and the haemoglobin is estimated at intervals to make sure that there is a good response. The occasional "non-responders" are referred to the anaemia clinic at the Radcliffe for further investigation.

Dental treatment was carried out largely by general dental practitioners; mothers who could be persuaded to have routine inspection and treatment rarely found difficulty in obtaining it in this way. The exemption of expectant mothers from the charge of "up to £1" for treatment probably acts as an encouragement in some cases.



TABLE VI  
End results of antenatal cases attending City clinics

	North Oxford		St. Aldate's		Headington		Donnington		East Oxford		Total	
	Home	Hosp. or Nursing Home	Home	Hosp. or Nursing Home	Home	Hosp. or Nursing Home	Home	Hosp. or Nursing Home	Home	Hosp. or Nursing Home	Home	Hosp. or Nursing Home
*Normal delivery .. ..	37	2	42	4	45	5	23	4	30	8	177	23
Normal delivery —retained placenta .. ..	—	—	—	—	—	—	1	—	—	—	1	—
Normal delivery—followed by post-partum haemorrhage .. ..	1	—	—	—	—	—	—	—	1	—	2	—
Breech delivery .. ..	—	1	—	1	—	1	—	—	—	—	—	3
Forceps delivery .. ..	1	—	1	—	—	—	—	—	—	—	2	—
Twins:—	—	—	—	2	—	1	—	—	—	—	—	3
(a) Otherwise normal .. ..	—	—	—	—	—	—	—	—	—	—	—	—
Premature (apart from multiple pregnancy):—	—	—	—	—	—	—	—	—	—	—	—	—
(a) Otherwise normal .. ..	—	—	—	—	—	1	—	—	1	1	1	2
(b) Breech .. ..	1	—	—	—	—	—	—	1	—	—	1	1
Stillbirth :—	—	—	—	—	—	—	—	—	—	—	—	—
(a) Congenital defects .. ..	—	—	—	—	1	—	—	—	—	—	1	—
(b) Intrauterine death .. ..	—	—	—	1	—	—	—	—	—	—	—	1
Miscarriage .. ..	—	—	2	—	3	—	—	—	—	—	5	—
Not pregnant .. ..	—	—	—	—	—	—	2	—	—	—	—	2
Left district, result unknown .. ..	—	—	3	—	3	—	—	1	—	—	—	7

\* "Normal delivery" means uncomplicated spontaneous vertex delivery. A ruptured perineum is not counted as an abnormality.

#### IV. Postnatal care of domiciliary cases

No special postnatal sessions were held during the year, but 24 mothers attended the antenatal clinics for postnatal examination. These figures are not included in the table IV.

Every effort is made to persuade mothers to go to the doctor providing Maternity Medical Service for a postnatal examination. If this has not been achieved by three months after delivery (the statutory limit for inclusion of the examination under the Maternity Medical Service) an attempt is made to persuade the mother to come to an antenatal clinic.

A record has been kept during the year of the postnatal care of domiciliary cases. At the end of March 1954 the position in relation to mothers booked as midwives' cases and delivered in 1953 was as follows:—

Postnatal examination under Maternity Medical Service	..	369
Postnatal examination at City Clinic	.. .. .	8
No postnatal examination	.. .. .	86
Left Oxford	.. .. .	6
		<hr/>
		469
		<hr/>

This shows that 80% of these mothers received a postnatal examination. The corresponding figure for 1952 is not available, but in 1951 the figure for mothers attending City antenatal clinics was 77%. Both these figures can be regarded as fairly satisfactory, but they fall short of the target of 100% and show that efforts must still be made to educate mothers as to the importance of this examination. As an increasing number of general practitioners set aside a special session for antenatal and postnatal care, assisted by a midwife, there will doubtless be a steady improvement in the standard of examination. A postnatal examination should invariably include inspection of the cervix—a procedure for which facilities are not always readily available in the rush of a general surgery.

#### V. Emergency Obstetric Service

This service, whose ready availability is essential for the safe conduct of domiciliary midwifery, has now operated for fifteen years from the Radcliffe Maternity Department. It was called out on 12 occasions during 1953 and every mother made a good recovery.



Details of the cases are as follows:—

		<i>Private</i>
	<i>Domiciliary</i>	<i>Maternity Home</i>
Retained placenta and/or postpartum		
haemorrhage .. .. .	7	2
Obstetric shock .. .. .	*1	—
Secondary postpartum haemorrhage ..	*1	—
Antepartum haemorrhage .. .. .	1	—
	—	—
	10	2
	==	==

\*These were two calls for one patient.

## VI. Institutional Maternity accommodation

Accommodation was provided in the main by the maternity departments of the Radcliffe Infirmary and the Churchill Hospital. Births during the past six years have been distributed as follows:—

TABLE IX  
Registered births of Oxford residents occurring in Oxford

	1948	1949	1950	1951	1952	1953
Hospital deliveries	928 (59%)	960 (60%)	837 (56%)	843 (57%)	850 (57%)	895 (60%)
Private Nursing						
Home deliveries	70 ( 5%)	73 ( 5%)	110 ( 7%)	129 ( 9%)	102 ( 7%)	89 ( 5%)
Domiciliary						
deliveries	570 (36%)	555 (35%)	565 (37%)	511 (34%)	533 (36%)	519 (35%)

It will be seen that the proportion of domiciliary deliveries remains remarkably constant. Institutional accommodation exceeds the requirements of mothers with obstetrical, medical or social grounds for admission and is well in excess of the 50% considered by the Ministry of Health to be adequate for the country as a whole.

Investigations into the home conditions of mothers applying for beds on social grounds were again made by domiciliary midwives. The following tables give the details of such cases:—

### 1. Source from which patients were referred:—

Radcliffe Maternity Department	..	..	..	109
Churchill Maternity Department	..	..	..	137
General practitioner obstetricians	..	..	..	28
				—
				274
				==
(1952	..	..	..	357)
(1951	..	..	..	320)
(1950	..	..	..	427)

2. *End results after home visit by midwife:—*

Home confinements arranged .. .. .	84
Referred back to Radcliffe Maternity Department ..	70
Referred back to Churchill Maternity Department ..	71
Referred back to general practitioner obstetrician with recommendation for hospital confinement .. ..	18
Patient made arrangement with private Nursing Home	10
Patient made other arrangements .. ... ..	4
Patient booked at hospital for medical reasons ..	1
Unknown at address given .. .. .	3
County .. .. .	2
Left Oxford .. .. .	7
Miscarried .. .. .	4
	<hr/>
	274
	<hr/>

Home confinements were arranged in 31% of the cases—much the same proportion as in previous years.

## VII. Notifiable Infectious Diseases associated with Childbirth

### Ophthalmia neonatorum

During the year 47 cases were notified, all in institutional confinements.

### Puerperal pyrexia

Of the 117 cases notified during the year, 4 were domiciliary confinements and 113 were institutional.

### Pemphigus neonatorum

Two notifications were received, one occurring in a domiciliary and one in an institutional confinement.

In addition there was a small outbreak of staphylococcal infection of the skin among babies in the Churchill Hospital in June 1953. The infection occurred in 5 babies, appearing over a period of five days. Strict isolation was carried out and treatment with systematic aureomycin and local flavine in spirit was given. All the babies made good recoveries; the source of the infection was not discovered.

## VIII. Maternal Mortality

No death occurred during the year.

## IX. Birth Control

The Clinic for City patients requiring contraceptive advice on medical grounds continued to be held once a week at the Radcliffe Infirmary.



It is conducted by the Senior Assistant Medical Officer for Maternity and Child Welfare. During the year 487 attendances were made, 50 being first attendances and 437 re-attendances.

TABLE X

**Medical indications in new patients**

Pulmonary tuberculosis .. .. .	8
Recent miliary tuberculosis .. .. .	1
Recent miliary tuberculosis and meningitis .. .. .	1
Tuberculosis in husband .. .. .	1
Poor general health associated with frequent pregnancies ..	18
Gynæcological conditions .. .. .	1
Psychological conditions .. .. .	4
Psychological conditions in husband .. .. .	1
Recent obstetrical complications .. .. .	1
Recent toxæmia of pregnancy .. .. .	3
Repeated still-births and miscarriages .. .. .	1
Repeated leg vein thrombosis .. .. .	1
Poor general health .. .. .	1
Varicose veins .. .. .	1
Epilepsy .. .. .	1
Aortic incompetence .. .. .	1
Para-umbilical hernia .. .. .	1
Prolapsed intervertebral disk .. .. .	1
Hypertension .. .. .	2
Hypertension and obesity .. .. .	1
	—
	50
	==

TABLE XI

**Source of new patients**

General practitioners .. .. .	15
Municipal postnatal clinics .. .. .	4
Child welfare clinics .. .. .	2
Health visitors .. .. .	10
Chest clinic .. .. .	10
Radcliffe Maternity Department .. .. .	4
Churchill Maternity Department .. .. .	3
Slade Hospital .. .. .	1
Another patient .. .. .	1
	—
	50
	==

TABLE XII

**Results** (i.e. condition when last seen in 1953, grouped according to year of first attendance).

First attended in:—	1935—1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	Total
1. Not pregnant, method satisfactory	20	4	6	7	10	18	19	28	44	43	199
2. Pregnant:—											
(a) Admitted failure to follow instructions .. ..	—	—	—	—	1	4	2	3	5	1	16
(b) Claimed to have followed instructions .. ..	—	—	—	—	—	—	—	1	1	1	3
3. Not pregnant but discharged:—											
(a) Failure to attend regularly ..	—	—	—	—	—	1	1	2	—	—	4
(b) No longer medical grounds for advice .. ..	—	—	—	2	1	4	4	4	2	—	17
(c) Personal reasons	—	—	—	—	—	—	—	—	1	—	1
(d) Menopause ..	1	—	—	—	—	—	—	—	—	—	1
(e) Hysterectomy..	—	—	1	—	—	—	—	—	—	—	1
4. Left district ..	—	—	—	—	—	1	—	1	10	5	17
5. Sterilized ..	—	—	—	—	—	—	—	—	1	—	1
6. Pregnant on first attendance ..	—	—	—	—	—	—	—	—	—	—	—

(Note.—A few patients who have been recorded as pregnant in previous reports, and then attended again, have been omitted from this table. Their inclusion would give a false impression of the length of their continuous attendance).

### Comments

This clinic continues to meet a vital need for women in whom pregnancy would be detrimental to health. It will be seen from Tables X and XI that both the medical indications and source of patients are varied. Rather more cases have been referred by health visitors than in previous years. Most of these are very fertile over-burdened mothers, some of whom show every sign of entering the “problem family” category if they have more babies.

Close contact is kept with every patient by letters, through the Chest Clinic (in the case of tuberculous patients) and through the health visitors. Table XII shows the usual features of the annual survey of the records of all patients in attendance. The vast majority are still attending and find the method satisfactory, a small number became pregnant through admitted carelessness, while a very few do so although they claim to have followed their instructions. The close follow-up which is carried out by this clinic provides an opportunity to assess the results of the accepted contraceptive methods advised (namely condom or cap used in association with spermicidal preparations). It is hoped to publish the findings in the medical press at a future date.

## B. CHILD WELFARE

## I. Premature Babies

During 1953 there were 81 live births of babies weighing  $5\frac{1}{2}$  lbs. and under and 13 still-births. The following table shows their weights, place of birth and survival:—

TABLE I

Weight at birth	PREMATURE LIVE BIRTHS						PREMATURE STILL-BIRTHS		
	Born in hospital		Born and nursed entirely at home		Born at home and transferred to hospital on or before 28th day		Born in hospital	Born in home	Born in Nursing Home
	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days			
3 lb. 4 oz. or less	8	7	1	—	—	—	8	1	—
3 lb. 5 oz.—4 lb. 6 oz.	14	5	9	—	—	2	1	—	1
4 lb. 7 oz.—4 lb. 15 oz	20	—	20	2	—	—	—	—	—
5 lb.—5 lb. 8 oz.	25	—	25	9	—	—	2	—	—
Totals	67	12	55	11	—	2	11	1	1



Study of this table reveals the following significant features:—

(1) The total number of 81 premature live-births is a relatively satisfactory figure. It represents 5.5% of all the live-births; an accurate national figure is not available for comparison but the figure of 6.2% in 1952 was considered to be an under-estimate. It is well established that good antenatal care and good social conditions reduce the prematurity rate; it is therefore reasonable to conclude that both these factors are in operation in the City.

(2) The policy of arranging for as many as possible of the premature births to take place in hospital was again implemented in 1953. Of the 81 live-births and 13 still-births, 67 and 11 respectively occurred in hospital.

(3) Every baby with a birth-weight of 4 lb. 7 oz. or more survived 28 days.

(4) Of the 13 babies who died within the first month of life, 12 died within the first 24 hours.

(5) Of the 14 babies born at home only 3 were transferred to hospital. All those nursed at home and two of those transferred to hospital were still alive at the end of a month.

Particular attention is paid to the after-care of all premature babies. All those born or nursed in hospital are seen at intervals by a member of the paediatric staff of the Radcliffe Infirmary. A report, including the result of a haemoglobin estimation, is sent to the Health Department on each occasion. The smaller premature babies are also kept under close supervision at the Eye Hospital, with a view to the early detection and treatment of retrolental fibroplasia. It is satisfactory to note that there was no new case of this disease in a City baby during the year.

## II. Child Welfare Clinics

(a) Each clinic is staffed by a medical officer, either one or two health visitors and several voluntary workers.

The medical staff is composed as follows:—

Full-time staff of the Health Department	13 sessions.
Part-time staff of the Health Department	2 sessions.
Paediatric registrar	1 session.

### (b) Foods and medicaments

For the convenience of mothers, every clinic (except one which is very near the Food Office) acts as a distribution centre for National

Welfare Foods. No proprietary dried milk or other food is stocked.

A small range of inexpensive minor medicaments is kept at each clinic and issued to mothers when necessary. This includes a vitamin A and D concentrate (for babies who cannot take National Codliver Oil Compound and are not having a dried milk fortified by vitamin D) and an iron preparation for the prevention and treatment of nutritional anaemia.

**(a) Attendances at child welfare clinics, 1953**

TABLE II

	No. of children who first attended and at their first attendance were under 1 year	Number of children who attended and who were born in			Total No. of children who attended during the year	Number of attendances made by children who at their first attendance were			Total attendances	Number of sessions	Average attendances
		1953	1952	1951-48		Under 1 yr	1 but under 2 yrs	2 but under 5 yrs			
Bury Knowle, Headington (2 clinics weekly) ..	183	153	172	261	586	2868	482	1027	4377	103	42.49
Barton ..	75	66	65	22	153	1238	268	228	1734	52	33.35
Cowley ..	82	76	67	100	243	1276	268	140	1684	50	33.68
East Oxford (2 clinics weekly) ..	170	164	145	83	392	2617	406	129	3152	99	31.84
New Hinksey ..	82	70	79	87	229	1531	661	242	2434	51	47.73
St. Aldate's ..	113	103	101	64	268	1687	318	139	2144	50	42.88
Summertown ..	117	92	94	72	258	1733	277	145	2155	52	41.44
Slade Park ..	96	66	85	103	205	1332	353	208	1893	52	36.40
New Marston (2 clinics weekly) ..	167	162	174	208	460	2683	605	438	3726	104	35.83
Wolvercote ..	55	46	41	18	105	1094	330	73	1497	52	28.79
Donnington (2 clinics weekly) ..	169	140	141	215	496	2368	463	439	3270	103	31.75
Y.M.C.A. Walton Street ..	116	106	97	100	303	1663	250	169	2082	50	41.64
	1425	1244	1261	1333	3698	22,090	4681	3377	30,148	818	36.86
	*36	36	58	46	140	883	165	124	1172		

\*The above figures indicate the number of attendances made by children (included in the table) who live in the County but attend two City clinics by arrangement with the Oxfordshire County Council.  
The number of City children under one year of age who attended for the first time equalled 88.53% of the live births.



## Comments

The above table is set out in accordance with a new form of annual return required by the Ministry of Health; this differs markedly from former returns, so comparisons are difficult to make. The total attendances were 546 less than in 1952, but the average attendance per session was practically the same.

### (d) Medical work at the clinics

For the fourth year in succession the medical officers at the child welfare clinics kept a record of their work. There were 766 sessions at which a doctor was present and altogether individual children were seen by a doctor on 12,461 occasions.

The following table gives a summary of the reasons for which a child was seen by a doctor:—

Diphtheria immunisation	.. ..	1805	} 50%	{	31% in 1950
Vaccination against smallpox (performance or follow-up	.. ..	1739			43% in 1951
Pertussis immunisation	.. ..	2897			46% in 1952
Routine medical inspection—	.. ..		} 22%	{	29% in 1950
first	.. ..	1266			24% in 1951
subsequent	.. ..	1589			25% in 1952
Consultation in relation to a problem	.. ..	2531	} 28%	{	40% in 1950
Follow-up of medical inspection or consultation	.. ..	1060			33% in 1951
					29% in 1952

(An individual consultation may figure in more than one category; for example a child might come for a routine birthday examination and be immunised at the same time.)

The routine medical inspections brought to light a number of conditions not already receiving attention but requiring either treatment or further observation. They were classified as follows:—

	<i>First inspection</i> (usually in early weeks of life)	<i>Subsequent inspection</i> (usually at 1st, 2nd, 3rd and 4th birthday)
Nutritional and dietetic	.. 163	45
Eyes	.. .. 53	22
Ear, nose and throat	.. .. 26	25
Umbilical	.. .. 94	9
Genital organs	.. .. 84	38
Pallor	.. .. 16	20
Orthopaedic	.. .. 8	57
Skin	.. .. 103	34
Miscellaneous	.. .. 47	43
	<hr/> 594	<hr/> 293
	<hr/>	<hr/>

The following table gives a summary of the nature of the problems about which the mother originally sought advice from the doctor or paid a follow-up visit:—

	<i>Consultation</i>	<i>Follow-up of inspection or consultation</i>
Feeding problems and gastro-intestinal conditions (including failure to gain weight) ..	597	337
Mental and psychological ..	58	28
Eyes .. .. .	211	69
Ears .. .. .	141	19
Respiratory system .. ..	344	58
Mouth .. .. .	52	9
Pallor .. .. .	98	95
Sleep .. .. .	98	47
Skin .. .. .	443	137
Orthopaedic .. .. .	134	68
Genital organs .. .. .	87	35
Umbilicus .. .. .	58	72
Prematurity .. .. .	2	40
Trauma .. .. .	41	7
? fit for prophylactic procedure	227	2
Mother's health .. .. .	82	15
Miscellaneous .. .. .	161	44
	<hr/> 2834 <hr/>	<hr/> 1082 <hr/>

The following table shows the number of children who were referred elsewhere for treatment:—

Family doctor .. .. .	135
*Orthopaedic department .. .. .	2
*Eye hospital .. .. .	18
*Other hospital departments .. .. .	9
	<hr/> 164 <hr/>

\*In these cases the family doctor is always informed.

### Comments

It is clear that there is much room for improvement in the number of routine medical inspections which are made. The clinics aim at providing an examination at each birthday. If this were achieved the number of "subsequent" examinations should be three—four times as many as the "first" examinations. During 1953 the "subsequent" examinations were only 1589, a decrease of 220 compared with the previous year. In the



course of these 1589 examinations as many as 293 conditions needing either treatment or observation were brought to light for the first time. It is therefore obvious that if defects in school entrants are to be reduced to a minimum, a greater effort will have to be made to induce mothers to attend for routine birthday examinations.

The proportion of children seen by the doctor for the performance of a prophylactic procedure continues to increase each year—and has now reached the very high figure of 50% of all medical consultations. It has been explained in the section on immunisation and vaccination that making these procedures readily available at all clinics leads to the protection of a high proportion of children. The fact that it takes up so much of the doctor's time is probably a factor in reducing the number of "birthday examinations"; the solution of this problem is not at present clear.

### (e) Tuberculin jelly testing

Throughout the year routine tuberculin jelly testing was carried out at each birthday examination. Positive reactions were found in 0.45% of the children tested; this is a satisfactorily low figure and is much the same as that obtained in 1951 and 1952 (0.54% and 0.32% respectively).

All positive reactors and their families are fully investigated at the Chest Clinic.

The following table shows the tests performed during the year:—

		Under 1 year	1 year	2 years	3 years	4 years	Total
Negative reaction	..	135	545	365	229	134	1408
Positive reaction	..	—	2	1	2	2	7
Totals	..	135	547	366	231	136	1415

### Notes on positive reactors

*Case 1, aged 4 years 1 month.* Test negative a year previously. Investigation showed primary complex in lung. Mantoux 1/1,000 negative, 1/100 positive. Investigation of family negative. Source of infection not established, but may have been one or two chronic sputum-positive cases living in same road.

*Case 2, aged 1 year.* Mantoux 1/1,000 positive. X-ray of chest normal. Investigation of family revealed active tuberculosis (previously unsuspected) in grandmother living in the same house.

*Case 3, aged 2 years.* Child left Oxford before investigations could be carried out. Referred to family doctor at new address.

*Case 4, aged 1 year.* Mantoux 1/1,000 negative. No lesion found in child or in family.



*Case 5, aged 4 years 11 months.* Found to be contact of father who had a minimal old lesion (picked up by Miniature Mass Radiography but not notified). Child's X-ray normal. Still under observation.

*Case 6, aged 3 years 11 months.* Mantoux 1/1,000 negative. X-rays of child and family normal. Still under observation.

*Case 7, aged 3 years 2 months.* X-ray showed lung lesion with collapse, needing active treatment. No lesion in other members of family, but child had been in close contact with two neighbours known to be infectious.

Again it is clear that the routine tuberculin testing is of value. Of the seven positive reactors two were found to have lung lesions, while investigation of the family of another led to the detection of a previously unsuspected case.

#### (f) Voluntary workers

It is again a pleasure to thank the numerous voluntary workers who regularly attend all the clinics and thus enable the City Council to run an exceptionally extensive service at a very low cost.

### III. Treatment of Pre-School Children at Minor Ailment Clinics

The following table shows the number of attendances made by pre-school children at School Minor Ailment clinics under an arrangement made with the Education Department.

					<i>First attendances</i>	<i>Re- attendances</i>
Skin:—						
Ringworm—head	..	..	..	..	1	3
Ringworm—body	..	..	..	..	—	1
Verminous head	..	..	..	..	2	—
Scabies	..	..	..	..	4	3
Impetigo	..	..	..	..	—	1
Other skin diseases	..	..	..	..	2	—
Miscellaneous (minor injuries, sores, etc.)	..			..	2	4
					—	—
					11	12
					=	=
1952 totals	..	..	..	..	21	18
1951 totals	..	..	..	..	3	14
1950 totals	..	..	..	..	29	28
1949 totals	..	..	..	..	40	62

### IV. Exchange of Medical Staff with the Paediatric Department

A paediatric registrar continued to act as medical officer at a child welfare clinic throughout the year, while an Assistant Medical Officer of

Health attended a weekly paediatric clinic at the Churchill. Any Assistant Medical Officer who is free attends the postgraduate paediatric ward-round at the Radcliffe Infirmary on Saturday mornings.

## V. Teaching of Medical Students

Medical students from the Radcliffe Infirmary, during their six months' training in obstetrics and gynaecology, each attend four sessions at child welfare clinics in order to receive instruction in child care, infant feeding and the various prophylactic procedures. The visits are preceded by two lectures on infant feeding by the Senior Assistant Medical Officer for Maternity and Child Welfare.

## VI. Infant Deaths in 1953

CAUSES OF DEATH	WEEKS				Total	MONTHS				Grand Total	Died in Institutions
	0-1	1-	2-	3-4		1-	3-	6-	9-12		
1. Pneumonia.. ..	—	1	—	—	1	2	—	—	—	3	3
2. Pneumonia and											
(a) Congenital heart disease .. ..	—	—	—	1	1	—	—	—	—	1	1
(b) Congenital atelectasis .. ..	—	—	—	—	—	—	1	—	—	1	—
(c) Laryngeal stridor .. ..	—	—	—	—	—	—	1	—	—	1	1
3. Gastro-enteritis .. ..	—	—	—	—	—	—	1	—	—	1	1
4. Atelectasis and											
(a) Prematurity .. ..	2	—	—	—	2	—	—	—	—	2	2
(b) Prematurity and birth injury .. ..	3	—	—	—	3	—	—	—	—	3	3
(c) Prematurity and mongolism .. ..	1	—	—	—	1	—	—	—	—	1	1
5. Prematurity .. ..	4	1	—	—	5	—	—	—	—	5	5
6. Prematurity and birth injury .. ..	3	—	—	—	3	—	—	—	—	3	3
7. Prematurity and congenital malformations .. ..	2	—	—	—	2	—	—	—	—	2	2
8. Congenital malformations .. ..	*1	—	—	—	1	*1	—	1	—	3	3
9. Birth injury .. ..	2	—	—	—	2	—	—	—	—	2	2
10. Meningococcal meningitis and septicaemia .. ..	—	—	—	—	—	—	—	—	1	1	1
11. Staphylococcal septicaemia .. ..	—	—	—	—	—	1	—	—	—	1	1
12. Paroxysmal tachycardia .. ..	—	—	—	—	—	—	—	1	—	1	1
13. Motor accident .. ..	—	—	—	—	—	—	—	—	1	1	1
	18	2	—	1	21	4	3	2	2	32	31

\*Inward transfers.

## Comments

These figures again illustrate the current problems of infant mortality in an area where the medical facilities are excellent and the standard of

maternal care high. Two-thirds of the deaths occurring in the first year of life took place in the first month. Nearly all of these were concentrated in the first week and many of them in the first few hours of life. They were largely due to the hazards of birth, particularly premature birth.

Infection played a very small part in deaths at any age. Only 5 previously healthy children succumbed to infection between the ages of one month and a year.

Of the 32 deaths, 31 took place in institutions.

## VII. Nurseries

### (a) Day Nurseries

The two day nurseries continued to admit children under 2 years of age who, as the result of some special hardship, cannot be cared for adequately by their mothers.

Owing to the decline in the number of children admitted to Botley Road Nursery since the increased charges came into operation on 3rd November, 1952, the number of places available was reduced, in June, from 40 to 30 with a corresponding reduction in staff. No reduction was found necessary at Florence Park nursery during 1953.

TABLE I

Details of the work during the year are given in the following table:—

Nursery	No. of places available at end of year	Average No. on Register	Average daily attendance	Number of Staff at end of year
Botley Road .. ..	30	23	15.18	6
Florence Park .. ..	30	31	25.75	6

TABLE II

Reasons for admission of new children during 1953 were as follows:—

	Botley Road	Florence Park
Bad housing conditions .. ..	8	4
Illegitimate children .. ..	2	9
Parents separated or mother widowed ..	3	5
Parents' disability or chronic sickness ..	2	6
Doctor's recommendation .. ..	1	6
Mother on nursery staff .. ..	1	—
	—	—
	17	30
	==	==

Children are admitted on grounds of "bad housing conditions" only after investigation by health visitors.



The full cost of a child's maintenance at the nursery is 9/- per day. Parents are assessed according to income subject to a minimum charge of 9d. per day.

The following table shows the assessments for children on the register in December 1953.

TABLE III  
Assessments at 31st December, 1953

<i>Assessed to pay</i>	<i>Botley Road</i>	<i>Florence Park</i>
9/- per day (full amount) .. ..	2	4
From 8/- to 7/- per day .. ..	1	2
From 5/- to 2/- per day .. ..	5	2
From 1/9 to 11d. per day .. ..	4	7
9d. per day (minimum) .. ..	4	16
	—	—
	16	31
	=	=

Both nurseries are training schools for the National Nursery Examination Board Certificate. Four students nominated by the Health Department began the course in January 1954.

Two students nominated for the course in 1952 withdrew in April 1953—one because of her inability to do theoretical work and the other on marriage.

Three students completed the course and took the examination in 1953; all were successful in gaining certificates.

### (b) Nurseries and Child Minders Regulation Act 1948

Details of registration under this Act are shown in the following table:—

TABLE IV

	Number registered at 31.12.53	Number of children pro- vided for
Premises .. ..	5	98
Daily Minders .. ..	3*	19

\* Two of these minders did not take any children during the year and the third did so only very occasionally.

### (c) Red Cross Creche

The creche, staffed by the British Red Cross Society, continued to operate on one afternoon a week at Alexandra Court clinic.

35 children, ranging in age from 6 months to 4 years were on the register during the year.

## VII. Care of Illegitimate Children

### (1) Mother and Baby Hostel

This hostel (14 beds and 12 cots) continued to meet the needs of unmarried mothers who are also homeless. Many of these mothers have got themselves into complicated tangles, so that working out the best plan for the baby's future is often a very difficult matter. It is therefore invaluable to have a hostel where the mother can care for her baby and give it a good start in life while plans are made. The general policy is to encourage and help a mother to keep her baby whenever there is a prospect of her being able to provide love and care and security for it. If this seems unlikely, then she is encouraged to face the situation and to arrange to part with the baby in the early months of life—with adoption as a first choice (in suitable cases) and a stable foster home as the second.

The table given below shows that the details of disposal of mother and baby vary a great deal. Nevertheless it illustrates that this policy has been followed. Ten mothers left the hostel with their babies with every prospect of keeping them, seven babies went for adoption, three went to foster homes and only one had to be handed over to the care of the Children's Department. It can thus be claimed that the hostel plays a substantial part in reducing the number of children who have to be taken into care by the Children's Department.

TABLE I

Admissions and discharges during the year (excluding the annexe) were as follows:—

						<i>Admissions</i>	<i>Discharges</i>
Mothers	..	..	..	..	..	36	34
Babies	..	..	..	..	..	27	27

TABLE II

The average length of stay was as follows:—

Antenatal	5½ weeks
Postnatal	2½ months

TABLE III

The disposal of the 23 City mothers with illegitimate babies discharged during the year was as follows:—

Discharged with every prospect of keeping baby and giving it adequate care (i.e. own home, resident post, etc.)	..	10
Mother to own home—baby to care of Children's Department		1
Mother to own home—baby to Adoption Society	.. ..	3
Mother to own home—baby stillborn	.. .. .	1
Mother to domestic post—baby to Adoption Society	.. ..	3



TABLE III (*cont.*)

Mother to domestic post—baby to Foundling Hospital, later to be boarded out .. .. .	1
Mother to lodgings—baby to foster home .. .. .	2
Mother to lodgings—baby to Adoption Society .. .. .	1
Mother to lodgings—baby died .. .. .	1

## (2) Provision of special social worker

In addition to providing accommodation for homeless unmarried mothers and their babies, it is clearly essential to have a skilled social worker who is available to help them (as well as those not admitted to the hostel) to solve their problems. This need is met by the provision of such a worker by the Oxford City Moral Welfare Association, to whom the City Council pays an annual grant.

The following report has been received from Miss F. Caley, Outside Worker for the Oxford City Moral Welfare Association:—

“Last year I started my report with a reference to the high illegitimate birthrate in Oxford in 1951 which caused much publicity. During 1953 a Committee of Anglicans and Free Churchmen, both clerical and lay, met under the Chairmanship of the Bishop of Dorchester, and some interesting discussions have taken place. The committee met school teachers, club leaders, a delegation from the Trades Council, and representatives of civic life and administration. Various suggestions were made, but it was felt that they could only partially solve the problem, and that ‘the ultimate solution can only be a strong public opinion in support of the integrity of marriage and family life’. This survey has been the chief educational project in which I have been engaged during the past year. It has enabled us to get in touch with many people who knew nothing of the work, or of how we were trying to help, and it has roused their interest which we hope will be shown in a practical way.

I have continued to address meetings and groups—the total number being 28, which is larger than usual. These included the National Council of Women, the Nursery School Association, Barnett House students, the Training School for Health Visitors, District Nurses, Pupil midwives, a Women’s Institute, Co-operative Guild, a branch of Conservatives, Mothers’ Unions, Young Wives’ Groups and Women’s Fellowships. These meetings enable me to speak of the continued need for our work; also I have given talks to mothers on the moral training of their children, and to young people on personal relationships.

I attended a Conference arranged by the Standing Conference of Societies registered for adoption, and found it interesting and helpful.

Eighty new cases were referred during the year, which is an increase of 14 on last year. 6 were preventive cases, and the rest maternity cases.



Fourteen were married women, and the others were single girls. Two were only 16 years old. Two girls were German, one was French, and another Norwegian. One father was a Hungarian, another Italian, another French, and another Czech. Thirty-three cases were pregnant by Americans and 3 of the preventive cases were involved with Americans. Also 4 girls previously helped, had second babies by Americans. This means that nearly a half of the new cases were concerned with Americans. It is not only the actual number of Americans who are the fathers of illegitimate children, but the fact of their presence here seems to cause a general attitude of irresponsibility and excitement. Their customs and moral behaviour are different from ours, and it is difficult for our girls to understand this, and not have their heads turned by the money and presents which they are given. Some families have given hospitality to Americans, and have then found that daughters have been seduced by them. I have tried to contact as many of the men as possible, and in some cases their officers have been helpful. Nine of the Americans paid something, and an affiliation order was obtained against one. One girl married an American before their baby was born. Ten other men paid for their babies, and four affiliation orders were made. But these figures show that there is still much to be done to bring about a more equal standard between men and women, and a greater sense of responsibility on the part of men.

Fourteen girls went to Maternity Homes run by Moral Welfare Committees, two for the birth of a second child, and 25 went to the City Mother and Baby Hostel. A few of these are admitted as emergencies, and we are most grateful to the City authorities for the Hostel, and to the Matron for all that she does for the mothers and babies. Three babies went to foster-mothers and three were taken into care by the Children's Officer. Two babies went to Homes—one was the child of a Norwegian girl, and he went to the Foundling Hospital. The other was the second child of a mother who could not manage to keep two children, and she has gone to a Children's Society Home, and later will be placed for adoption. Twenty-three babies were adopted—some of them having been born the previous year. Five were second children, 3 were the children of married women, and one adoption was of twin boys. So far 25 of the babies are being kept by their mothers, though later on some may have other plans made for them.

Ten girls were married, 2 to the fathers of their babies. All but one took the baby with her. One German girl married a coloured man. Three girls who were known to be of loose moral character, one a prostitute convicted in London, were referred to us when pregnant. One girl had a miscarriage, another placed the baby with a friend and later arranged an adoption for it. The third has not yet had her baby. These girls are very difficult to help, and hard to influence, and it seems almost impossible for them to abandon their mode of life, and live an organised one with regular hours and work.

Of the preventive cases, 3 were going about with Americans, 2 of them still schoolgirls, and were in moral danger. One was a girl infatuated with an undesirable boy, and we hoped to get her away to a Training Home, but failed to do so. Two were girls from unhappy homes who had left them, and for one suitable lodgings were found with a kindly landlady. Friendship and advice were given to all three girls, and as much follow-up care as is possible. This question of after-care is a very important one, for much can often be done to build up the girls in a new way of life, and so prevent further moral breakdowns. I am most grateful for the help given by Miss Newhouse in this aspect of our work, and she has visited 40 cases in the three months that she has been working with us. Her sympathetic understanding and gift of friendship have already helped many girls, and I feel sure that much good will come from her visiting and care. We hope that together we may be able to help those who have failed, and bring them to a knowledge of God and His forgiving love and His power in their lives. We would ask for the support of prayer from those who care about these young people in their need.

Visits paid—659; Visits received—456;

Letters written—1028; Letters received—979.”



## SECTION VI

### DENTAL SERVICE (For mothers and pre-school children)

Report by C. H. I. MILLAR, B.Sc., L.D.S.,  
Principal Dental Officer

Expectant mothers attending the city's ante-natal clinics for their first medical examination are encouraged to visit one of the dental clinics for a dental examination and are offered any treatment that may be necessary. Though many of these patients will, no doubt, prefer to be treated under the National Health Service by a general dental practitioner, this arrangement should ensure that no expectant mother suffering from a dental condition which could affect her own or her child's health remains in ignorance of its existence or of the urgency of having it treated.

Parents of children attending child welfare clinics for their "third birthday" medical examination are also strongly advised to have their children's teeth examined by the dental officer, even though there may be no obvious signs of trouble. When teeth can be seen to be decayed, they are often beyond conservation and must sooner or later be extracted, with serious consequences for the future development of the child's teeth and mouth. Children who have their first dental examination at an early stage and have frequent inspections afterwards are unlikely to lose any of their milk-teeth until they are shed in the normal way. If the jaws and face are to grow normally and the permanent teeth are to have enough room to erupt correctly, it is essential to avoid premature loss of the milk-teeth, which should be filled as soon as they begin to decay and so conserved until the permanent teeth are ready to take their place. Many children of three years of age (though happily not the majority) already need one or two milk-teeth filled, so it is most important that children should begin regular dental inspections as early in life as this.

The public dental service cannot hope at present to treat more than a very small minority of the "pre-school" children but these facilities for early and frequent dental inspections may be regarded as the first step towards a more complete welfare scheme.

#### (a) Numbers provided with dental care

	Examined	Needing Treatment	Treated	Made Dentally fit
Expectant and Nursing mothers ... ..	50	50	46	19
Children under five ...	100	97	97	29



(b) Forms of dental treatment provided

	Extrac- tions	Anaesthetics		Fillings	Scaling & Gum Treatment	Silver Nitrate Treatment	Dressings	Radio- graphs	Dentures provided	
		Local	General						Complete	Partial
Expectant and Nursing Mothers ...	51	36	1	29	14	—	1	1	4	4
Children under five ...	78	41	19	128	—	44	68	—	—	—

## SECTION VII

### MENTAL HEALTH

Report by J. F. SKONE, M.D., D.P.H.,  
Deputy Medical Officer of Health

#### 1. Administration

(a) Constitution of the Mental Health Sub-Committee of the Health Committee, which meets monthly, consists of 8 members of Council and 2 co-opted members.

In June, 1953, Miss Irvine, who had been a co-opted member for many years, resigned. Miss M. R. H. Buck, until recently Mental Health Visitor in the City, who has succeeded Miss Irvine as Treasurer of the Oxford Voluntary Association for Mental Health, joined as a co-opted member in September.

#### (b) Staff

##### (i) *Medical*

The Medical Officer of Health has delegated to his Deputy the day-to-day supervision of the Section, and the Deputy Medical Officer of Health attends the meetings of the Mental Health Sub-Committee.

##### (ii) *Non-Medical*

- 1 Senior Mental Health Officer (male) full-time;
- 2 Mental Health Officers (1 male, 1 female) full-time;
- 1 Clerical Assistant (female) full-time.

These officers undertake social and community care for both mental defectives and mental patients. A rota of duty has been arranged so that one mental health officer is always available to deal with emergencies. There is an arrangement for mutual help between mental health officers of the City and County of Oxford to cover such factors as holidays and illness.

#### (c) Co-ordination with Regional Hospital Board and Hospital Management Committee

The Deputy Medical Officer of Health is a member of Littlemore Hospital Management Committee.

Dr. J. B. M. Davies resigned from his membership of Littlemore Hospital Management Committee on his appointment as Deputy Medical Officer of Health of the City and Port of Liverpool, and Dr. Skone was invited to fill the vacancy. Thus, this very satisfactory arrangement in co-ordination has continued during the past year.

### (d) Duties delegated to Voluntary Associations

No duty of the local health authority has been delegated to voluntary associations.

The City Council continues to make a grant to the Oxford Voluntary Association for Mental Health, and has also made a grant to the National Association for Mental Health.

### (e) Training of Mental Health Workers

2 mental health officers attended a week-end conference arranged by the National Association for Mental Health.

1 mental health officer attended a 2-day school at the Royal Victoria Halls, London, on 5th and 6th February, 1953.

## 2. Account of Work Undertaken in the Community

### (a) Section 28 of the National Health Service Act, 1946

The mental health officers, when requested by the family doctor, visit patients in their homes in order to establish friendly relations. In some cases this has been the means of avoiding certification and the patients have been encouraged to seek admission to the mental hospitals voluntarily. The early establishment of a good relationship between patient and officer is also very useful when the patient has been discharged from hospital and requires rehabilitation. If a request is made by the hospital medical staff to investigate the circumstances of such patients, our officers are often of great assistance.

There is close co-operation with the Ministry of Labour Resettlement Officer, and it has been possible to place 3 boys and 2 girls (mainly reported under Section 57 (5) of the Education Act) in "selected" employment in 1953.

### (b) Lunacy and Mental Treatment Acts, 1890—1930

The figures for admissions and discharges are as follows:—

<i>Admissions</i>	1950	1951	1952	1953
Certified .. ..	57	60	46	47
Section 20 .. ..	32	88	78	76
Temporary .. ..	5	4	8	3
Voluntary .. ..	129	158	129	165
Total .. ..	<u>223</u>	<u>310</u>	<u>261</u>	<u>291</u>



*Discharges*

Certified	..	..	41	48	35	22
Section 20	..	..	22	3	2	1
Section 21a..	..	..	14	6	17	16
Temporary	..	..	4	5	3	3
Voluntary	..	..	133	155	111	155
Died	..	..	24	37	13	30
			<hr/>	<hr/>	<hr/>	<hr/>
Total	..	..	238	254	181	227
			<hr/>	<hr/>	<hr/>	<hr/>

*Examinations in Lunacy*

(not certified)	..	3	3	3	1
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Though admissions to mental hospitals have increased from 261 in 1952 to 291 in 1953, and discharges have risen correspondingly from 181 to 227, the pressure on bed space in Littlemore Hospital has not abated. We are again indebted to Dr. Armstrong and his colleagues at Littlemore Hospital for their help during the most difficult periods.

It will be seen that in the last four years more than half of the admissions have been as voluntary patients (58%, 51%, 49% and 57% in 1950, 1951, 1952 and 1953 respectively).

**Section 20**

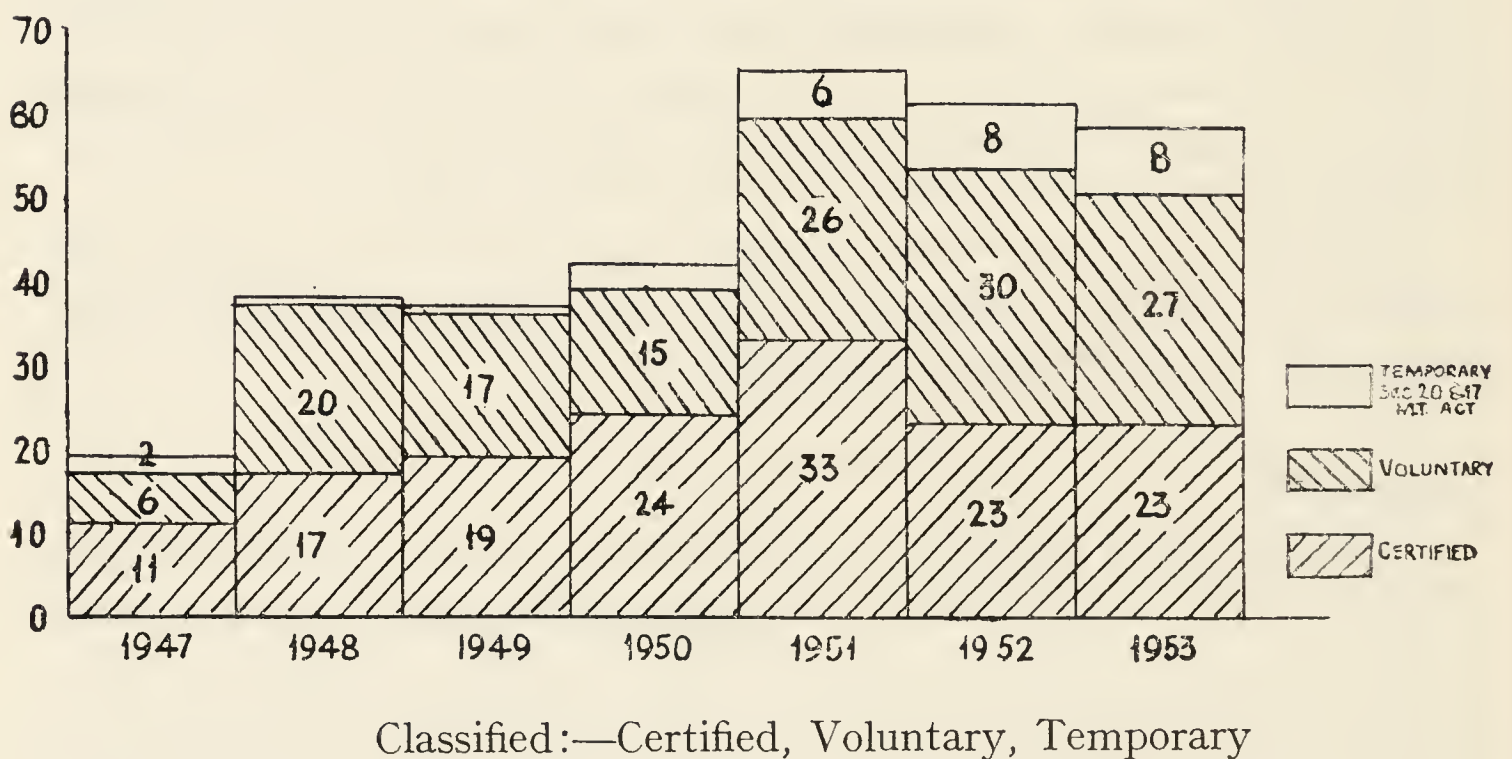
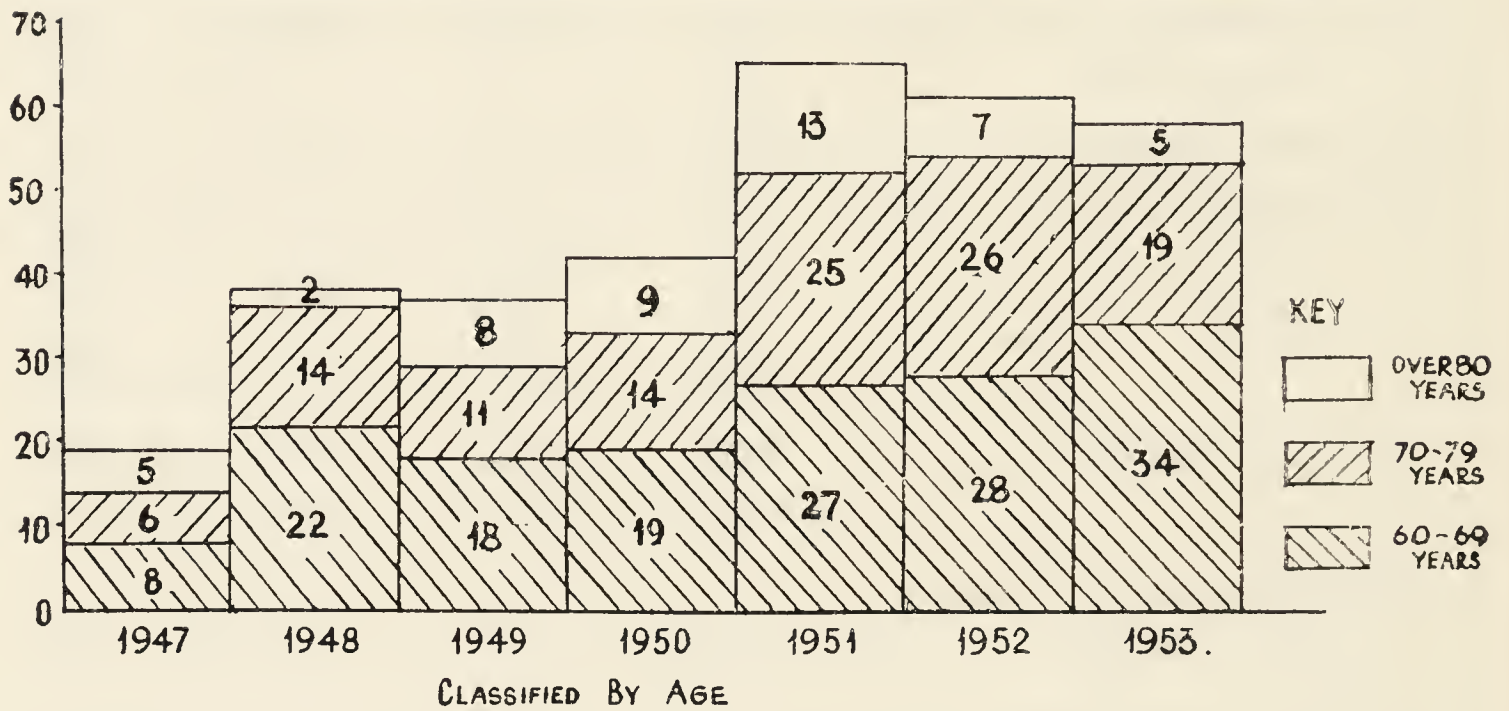
In cases where the patient must be removed at once lest he attempt suicide, exhaust himself or harm others, admission to hospital on a "three day order" under Section 20 of the Lunacy Act, 1890, is arranged. A large number of such cases has been dealt with and has accounted for 14%, 28%, 29% and 26% of admissions in 1950, 1951, 1952 and 1953 respectively. Many of these people agree later to become voluntary patients. The co-operation of practitioners has been of great assistance on these occasions in view of the considerable responsibility which the mental health officer bears.

**Old Age and Mental Illness**

The numbers of old people admitted to mental hospitals have been 37, 42, 65, 61 and 58 in 1949, 1950, 1951, 1952 and 1953 respectively. It is obvious, in communications with other authorities, and through studying Annual Reports from other areas, that similar conditions prevail in other county boroughs of comparable size.

The possibilities of making provision for senile patients either in hostels provided under Section 28 of the National Health Service Act, 1946, or in special accommodation under Section 21 of the National Assistance Act, 1948, have been under consideration.

### Admissions of Persons over 60 years old to Mental Hospitals



### (c) Mental Deficiency Acts, 1913—1938

#### (i) Ascertainment

24 new cases were added to the register in 1953. Of these, 11 were reported by the Education Committee (7 under Section 57 (5); 3 under Section 57 (3); and 1 under Section 57 (4); 11 were reported from various sources and 2 from the Courts.

The waiting lists for institutional accommodation at the end of 1953, compared with previous years, are:—

	1953	1952	1951	1950	1949
Children under 5	3	0	0	1	1
Children 5—15	2	6	6	5	2
Adults	4	6	9	8	1



(ii) *Guardianship and Supervision*

At the end of the year, 11 cases remained under guardianship, of which 3 are under the care of the Brighton Guardianship Society and 8 are in Oxford. At the same time there were 128 cases under statutory supervision and 126 under voluntary supervision. 7 cases are being supervised for outside authorities.

(iii) *Training: Occupation Centre*

41 defectives were in attendance at the Occupation Centre at the end of the year, 31 of whom are Oxford City cases, 8 come from Oxfordshire, and 2 from Berkshire. Most of the defectives, accompanied by a member of the staff who share this duty on a weekly rota system, are conveyed to and from the Centre by bus. A few live nearby and make their own way on foot, while others from county areas have separate means of transport.

Miss Warburton and her staff have again done valuable work despite difficult working conditions at the Centre. The arrangement whereby young children, whose intelligence level is in doubt, attend the Centre as visitors for a term, has been continued, and the reports of the staff on their progress have been very helpful. Two blind children have attended the Centre during the year. One is on the waiting-list for the Ellen Terry Home for Trainable Blind Defectives at Reigate, and the other, aged 4 years, has made such good progress that he will probably return to the Sunshine Home at Leamington Spa in 1954.

The new Occupation Centre, sited at Littlemore, was occupied on 25th January, 1954.

(iv) *Parents' Association*

In September, 1953, a Parents' Association was formed to arrange functions in order to raise funds for a possible summer holiday for the children in 1954. Meetings were held weekly to organise small social evenings, a jumble-sale and a sale of work. These efforts have proved very successful and the parents are also making weekly contributions towards the estimated cost. The enthusiasm and friendly feeling which exist between the staff and the parents are most marked and augur well for the future.

It is proposed that the holiday will be spent in one of the National Association for Mental Health Homes at Walmer, Kent, during June, 1954. Its object will be two-fold. Firstly, it will provide a holiday for those children whose handicap precludes them from being taken to hotels or boarding-houses, and, secondly, it will enable parents to have at least one week's respite during the year.

**Domiciliary**

4 patients receive instruction in their homes from a Home Teacher employed by the Oxford Voluntary Association for Mental Health.



(v) *Institutional Care*

194 patients (95 males and 99 females) are in institutions, and 38 patients (8 males and 30 females) are on licence from institutions. The distribution of the defectives in institutions is:—

<i>No. in Institutions within the Region</i>	<i>M.</i>	<i>F.</i>
Borocourt .. .. .	34	38
Smith's Hospital, Henley .. .. .	5	6
Wheatley .. .. .	2	—
Wayland House .. .. .	—	12
Cumnor Rise .. .. .	—	10
Caversham, St. Agnes School .. .. .	2	—
Pewsey Colony, Wiltshire .. .. .	9	5
Chipping Norton Institution .. .. .	3	3
Purley Park, Reading .. .. .	3	—
Northview Hospital, Purton .. .. .	—	2
	<hr/> 58	<hr/> 76—134
On licence from Borocourt .. .. .	8	25
On licence from Cumnor Rise .. .. .	..	1
	<hr/> 8	<hr/> 26— 34
Total .. .. .	..	<hr/> 168

<i>No. in Institutions outside the Region</i>	<i>M.</i>	<i>F.</i>
Alton, St. Mary's Home.. ..	—	2
Aylesbury, The Manor House .. ..	4	1
Barvin Park, Potters Bar .. ..	6	—
Bath, Rock Hall House .. ..	—	1
Bristol, Brentry Colony .. ..	1	—
Buntingford, St. Francis School .. ..	6	—
Buxted, St. Mary's Home .. ..	—	4
Cell Barnes Colony, St. Albans .. ..	2	1
Easthampstead .. ..	1	—
Etloe House, Leyton .. ..	—	2
Hortham Colony, Glos. .. ..	3	1
Leybourne Grange Colony .. ..	1	—
Sheffield, St. Joseph's Home .. ..	—	2
State Institutions for Dangerous Defectives ..	6	6
Stoke-on-Trent, Stallington Hall .. ..	2	—
Stoke Park Colony, Bristol .. ..	2	2
Stourbridge, Sunfield Children's Homes ..	1	—
Leeds, Oulton Hall .. ..	1	—
Bielside, Rudolph Steiner Hall .. ..	1	—
Reigate, Ellen Terry Home .. ..	—	1
	<hr/> 37.	<hr/> 23— 60

Brought forward .. .. .	23	37	—60
On licence from Aylesbury, The Manor House..	—	2	
On licence from Pewsey Colony, Wiltshire ..	—	1	
On licence from Sandhill Park, Taunton ..	—	1	
	<hr/>		
	0	4—	4
			—
			64
			==

On 4th December, 1953, the Minister of Health, on the representations of the Oxford Regional Hospital Board, withdrew his direction that Smith's Hospital, Henley, should be used for the accommodation of mental defectives as ancillary premises to Borocourt Hospital. Patients already in Smith's Hospital will of course remain there, but will be licensed to the Assistant Matron of Smith's Hospital from Borocourt. The effect of the change is that, though certified patients can still be received at Borocourt and licensed to Smith's Hospital, it will be possible to admit a limited number of children for observation, diagnosis, and treatment without the necessity for certification.

*(vi) Place of Safety*

3 patients, 2 female adults and 1 female child, were placed in places of safety during the year.

I am glad to report that the difficulty experienced in obtaining institutional accommodation, mentioned in the Annual Report of 1950, has now been overcome. The officers of the Oxford Regional Hospital Board have been most helpful in this matter.

## SECTION VIII

### WELFARE SERVICES

REPORT BY J. C. DAVENPORT,  
Chief Welfare Services Officer

The City Council has delegated to the Health Committee its functions under the National Assistance Act, 1948, and the Welfare Services Sub-Committee meets monthly and deals with the administration of the Welfare Services of the City. Duties in relation to the management of residential homes provided under Section 21 of the Act have been delegated to a special House Section of the Welfare Services Sub-Committee.

#### 1. (a) Residential Accommodation for the Aged

Accommodation under Part III of the National Assistance Act, 1948, is provided directly by the Council at The Laurels, London Road, Headington (116 beds), at Frilford House, Frilford, Nr. Abingdon (26 beds), and at Barton End, Barton Road, Headington (28 beds). This latter home was opened in March 1953, and is the second small home to be provided by the City Council.

The whole of the Part III accommodation available has been occupied fully throughout the year, and a waiting list of approximately 60 has remained constant. The extent of this list and its steadiness throughout the year would appear to have borne out what was forecast in the last report, that is, that the demand has become steady, and, at the end of five years working of the National Assistance Act, 1948, we are in a position to assess reasonably accurately the need for Part III accommodation.

When the scheme for the provision of accommodation was prepared it was estimated that a total of 368 beds would be required. We have at present, a total of approximately 200 persons in Part III accommodation and a waiting list of 60 persons. To allow a suitable reserve of accommodation for fluctuation either way, it is reasonable to state that a maximum of 300 beds are required. 170 beds are already in existence, provided directly by the Council, and a further 30 persons are in voluntary homes. A Scheme has been prepared to extend the accommodation at Barton End, making a total of 218 beds available. To meet our estimated commitments therefore, it will be necessary to provide a further 82 beds, and it is anticipated that these, when undertaken, will be in the small type of home.



## The Laurels

Adapted to accommodate 116 residents, The Laurels has continued to be overcrowded with an average of 133 residents. During the year 70 persons were admitted and 74 discharged; roughly one-third of the admissions, and half of the discharges have been from or to Cowley Road Hospital.

The standard charge for accommodation has remained at £4 per week. Each resident pays according to means, and receives a minimum of 6/6 per week for pocket money. 21 of the residents received additional pocket money up to 5/- per week in return for their carrying out many small jobs in the home.

A general medical practitioner visits regularly and attends at any time on request. All residents have complete freedom to select their doctor, but it is found that most choose the visiting general practitioner.

In the latter part of 1952, it was suggested to the Health Committee that a number of the old people in residential accommodation were more immobile than necessary because of the lack of adequate chiropodial treatment. The Committee agreed to engage the services of a chiropodist for one session per fortnight to deal with this problem. The scheme was so successful that in 1953, the services of the chiropodist were extended to one session per week, and in consequence all the old people who require treatment in the homes provided by the City Council are benefitting from the service. The residents have expressed their great satisfaction with the service, and there is no doubt that many persons who had felt that they were unable to walk properly because of foot trouble, are now leading a much more active life.

Recreational facilities available to the residents include a small library and reading-room, radio and television, regular cinema shows, concerts, and whist drives, and occupational therapy organised by a trained occupational therapist. Twenty cigarettes, or 1 oz. of tobacco, are provided free each week to those residents who smoke.

The policy of improving the home has continued, and efforts have been made to improve the internal facilities for the residents by the introduction of better equipped lounges. This venture has been very well received by the residents.

On July 10th, the summer outing, in the form of a trip to Southsea, was arranged. The residents expressed their appreciation of the outing, which provided the first view of the sea for many of them.

## Frilford House

Adapted to accommodate 26 residents. During the year 34 persons were admitted and 36 discharged. There were 2 deaths during the year.

The standard charge for accommodation is £4 per week. Each resident pays according to means, and received a minimum of 6/6 per week for pocket money. 3 of the residents received additional pocket money

up to 5/- per week in return for their carrying out many small jobs in the home.

A general medical practitioner visits regularly and attends at any time on request. As in the case of The Laurels, all residents have freedom to select their doctor, but most choose the visiting general practitioner.

General facilities are similar to those provided at The Laurels, but because of the situation of the home, recreational facilities are more limited. To compensate this limitation, the Council have arranged for a coach to bring the residents into the City twice each month to enable them to visit their friends and take advantage of the entertainment available in the town. Twenty cigarettes, or 1 oz. of tobacco, are provided, free, per week, to those residents who smoke.

On the 10th July, the residents joined those at The Laurels and Barton End in an outing to Southsea, and at their own expense, organised several coach outings during the summer.

### Barton End

This new small home, to accommodate 28 persons of both sexes, was opened in March 1953.

This home functions entirely on the same lines as at Frilford House, the standard charge and pocket money regulations are the same, and 3 persons received additional pocket money in return for assistance towards the maintenance of the home. A notable feature at this home however, is that a greater percentage of the residents have elected to remain on the lists of the family doctor who attended them prior to their admission.

As this home is situated in a well populated area of the City there is adequate opportunity for visiting and social entertainment.

20 cigarettes or 1 oz. of tobacco weekly are provided by the Council for those residents who smoke. In the summer, the residents combined with those at the other Homes in the annual outing to Southsea.

### Voluntary Homes

The following voluntary homes are registered with the Local Authority for the care of disabled and old persons:—

	<i>Accommodation</i>
St. Basil's Home, 239 Iffley Road .. .. .	26 females
Nazareth Home, Cowley Road .. .. .	{ 22 females
	{ 9 males
Elizabeth Nuffield Home, 165 Banbury Road ..	24 females
Council of Social Service Home, 115 Banbury Road	21 persons
British Red Cross Society Home, 107 Banbury Road	20 females
Miss E. Afford, 12/13 Walton Street .. .. .	5 females
Mrs. Guise Thomson, Greengates, 2 Hernes Road ..	5 persons
Mrs. Best, 31 Stanley Road, Iffley Road .. .. .	5 persons



The agreements made with the following homes to place accommodation at the disposal of the City continues:—

St. Basil's Home	..	..	..	..	..	4 residents
Nazareth Home	..	..	..	..	..	4 residents

The whole of this accommodation has been fully used during the year, and has been of great value to the City owing to the shortage of accommodation. The City Council has been responsible for augmenting the retirement pensions or National Assistance Grant to enable the following persons to meet the maintenance charges:—

14	persons in St. Basil's Home.
5	„ Nazareth Home.
1	„ St. John's Nursing Home.
6	„ British Red Cross Society Home.
1	„ Chalfont Colony.
6	„ other Voluntary Homes.
2	„ Homes for the Blind.

In a similar way, by arrangement with the other Local Authorities the City Council has accepted the financial responsibility for the following:

2	persons maintained in L.C.C. Homes.
2	persons maintained in Oxon C.C. Homes.
1	person maintained in Salop C.C. Homes.

## **(b) Temporary Accommodation**

The provision of temporary accommodation for those persons rendered homeless through circumstances unforeseen, has, in its true application, presented no formidable problems, but the provision of accommodation for evicted families was, until September, 1953, a chronic problem, inasmuch as certain families had settled in temporary shelter at The Laurels, and had become, more or less, permanent lodgers. In September, eviction notices were served on these families, who were left in no doubt that they would have to move. Previous co-operation with the Children's Department had been ensured, whereby the families could request the aid of this Department in providing accommodation for their children. Of the seven families in residence, all left on or before the expiry date of the notices, and in two cases only was it necessary for the Children's Department to provide shelter.

During the period September to December, 1953, a further two families were admitted to temporary accommodation; one family found alternative accommodation after two weeks, and the second after three weeks.

## **(2) General Welfare Arrangements for Aged and Infirm**

Wherever possible, a regular visiting service has been maintained to known cases of aged persons living alone. A close liaison is maintained



with the voluntary societies catering for the Welfare of the Aged and Infirm and everything possible is done to encourage old people to lead an independent life. The domestic help service is largely used by old people for whom of course, all activities of the Health Department are available.

These services, integrated with the facilities of a Meals on Wheels service operated by the W.V.S. and the British Red Cross Society have been the means of satisfying the needs of many old people who were living in suitable accommodation, and so relieved the pressure on the already overcrowded Part III accommodation.

### (3) Welfare Arrangements for Handicapped Persons

#### (a) Blind

The staff dealing with this problem includes an almoner, a full time home teacher, and a Workshops Manager.

#### Statistics

During the year, 25 people were certified as blind, and 18 as partially sighted.

The Authority is fortunate inasmuch as the examination of persons for certification is carried out at the Oxford Eye Hospital and any medical or surgical treatment required is arranged as soon as the case is ascertained. In consequence, the number of blind people refusing to take advantage of remedial treatment is kept down to a minimum.

The following table shows the diagnosis of cases registered during the year, the numbers where treatment was recommended, and the numbers of cases taking advantage of treatment.

	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(i) Number of cases registered during the year in respect of which para. 7 (c) of Forms B.D. 8 recommends:				
(a) No treatment .. ..	3	4	—	17
(b) Treatment (medical, surgical or optical) ..	—	4	—	13
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment .. ..	—	4	—	12

*Note.*—One case was registered during the year as partially sighted, and later in the same year was registered as blind. A further case was registered as partially sighted and immediately after certification left the district, and no treatment recommendation was made available. These facts account for the apparent discrepancy of two in the totals of this table.

#### OPHTHALMIA NEONATORUM.

(i) Total number of cases notified during the year .. ..	47
(ii) Number of cases in which:—	
(a) Vision lost .. ..	Nil.
(b) Vision impaired .. ..	Nil.
(c) Treatment continuing at the end of the year .. ..	Nil.

The number of registered blind persons in the City are shown, in age groups, in the following table:

0-1		2-4		5-15		16-20		21-39		40-49		50-64		65-69		70 & over	
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
—	—	4	—	2	1	—	—	6	5	9	9	21	19	4	6	35	65

Total 81 males and 105 females = 186, of whom 150 are over 50 years old, and 110 over 65 years old. The case of blindness in the one child registered was tuberculous meningitis.

During the year, one child was found to be below the standard of education at the Sunshine Home, and is at home. He and another blind child attend the Occupation Centre at present.

## Employment

### (i) *Open Industry or Self-Employment*

15 people are employed in open industry.

6 (5 men and 1 woman) in factories.

1 employed by Local Authority

1 University Lecturer.

1 Dispensary Porter in Hospital.

1 Clerk in Holy Orders (male).

1 Sub-Post Office Mistress (female).

1 Telephone Operator (female).

1 Office Executive (male).

1 Shop Assistant (female).

1 Masseur.

Several totally blind women are running their homes very efficiently without help.

A number of blind persons work at home as part-time workers and the Authority markets the goods made by them. Such workers are engaged in machine knitting, hand-knitting, chair caning, and basket making.

### (ii) *Workshop Employment*

Workshops for the Blind are provided at "The Laurels", Headington, and at 4 Little Clarendon Street, and under arrangement with the B.R.C.S. at Headington Hill Hall. The following are working in workshops:—

<i>Men</i>	<i>Women</i>	<i>Trade</i>
1	—	Carpenter.
2	—	Basket work.
1	—	Mat making.
—	1	Chair caning.
—	1	Machine knitter.



*(iii) Home Workers*

The Home Workers Scheme, which was inaugurated in 1951, operated until April 1953, when the model scheme for Blind Home workers prepared by the Association of Municipal Corporations was implemented by the Council. The scheme has continued to satisfy the needs of blind persons requiring employment and at the end of the year, there were 3 persons engaged as Home Workers. The trades followed were:—

1—Machine knitting.                      2—Braille copyists.

**Marketing of goods**

The Council operates a retail establishment at 4 Little Clarendon Street, Oxford. The prime function of the shop is to market the products of the blind, but the opportunity has been taken to offer the facilities of the shop to those persons attending the Occupational Therapy Section of the Health Department.

**General Welfare**

One convalescent holiday has been provided and arrangements have been made for others to have holidays at seaside Homes for the Blind.

Wireless sets from the Wireless for the Blind Fund have been supplied to all blind persons in need, the repair and maintenance being covered by the City Council.

Subscriptions to the National Library for the Blind are paid for thirteen readers. Those blind persons who can read Braille and Moon types obtain books from the Health Department, where a small library of books is kept. During the year new books and periodicals have been given by several people, and these are much appreciated.

One blind person is taken to and from work by a guide dog.

**Social Activities**

Except for a break during the summer holiday period, a social and/or Games Club is held weekly. A varied programme of entertainment and interest has been provided, and it is felt that this social recreation is of great benefit to the blind.

The Christmas Party at the Town Hall, and the Summer Outing to Bournemouth were well attended, and much enjoyed.

**Voluntary Help**

The Oxford City and County Society for the Blind have a sphere of operation inside the City, and they have assisted the blind financially towards the provision of holidays, invalid foods, extra comforts, and with Christmas gifts to those blind who are in hospital, or other accommodation away from their own homes.



**(b) Deaf Blind**

There is one totally deaf-blind man at The Laurels. He went to a Home for the Deaf-Blind at Burnham on Sea for a holiday.

There are 7 women who are completely deaf and are on the Blind Register.

**(c) Partially sighted**

At the end of 1953, there were 98 persons on the observation register. All these people are substantially and permanently handicapped by defective vision. Two are having lessons, one in Braille and one in Moon.

The following table shows the age group on the register:—

0-1	2-4	5-15	16-20	21-49	50-64	65 +
M F	M F	M F	M F	M F	M F	M F
— —	— —	3 3	1 —	4 6	6 8	28 39

Total: 42 males and 56 females = 98, of whom 81 are over 50 years old and 67 over 65 years old.

The cause for admission to the partially sighted register in 2 cases was glaucoma (as against 19 cases in 1952). 2 people have been transferred to the blind register.

**Other Handicapped Classes**

There is no scheme made under Section 29 of the National Assistance Act, 1948, providing for the welfare of the general handicapped classes, but certain handicapped persons have come to the notice of the section, and when this arises, all possible action is taken to provide for their well being. The Council have continued their policy of providing assistance to voluntary societies catering for the welfare of handicapped persons.

**(a) Deaf and Dumb**

The welfare of the deaf and dumb is undertaken by the Oxford Diocesan Association for the Deaf and Dumb, acting as agents for the City Council. This Association has also accepted responsibility for the welfare of the deaf and dumb in Berkshire (with the exception of Reading county borough), Buckinghamshire, and Oxfordshire, each Authority contributing on a population basis.

The following table shows the age classification of those persons who are deaf and dumb, and who are registered with the Voluntary Society.

0-5	5-16	16-21	21-35	35-55	55-65	Over 65
M F	M F	M F	M F	M F	M F	M F
— —	5 3	1 2	6 3	12 7	3 3	3 7

The children of school age are being educated as follows:—

4—Birmingham.

1—Mary Hare Grammar School, Newbury.

1—Sunnyside, Iffley Road, Oxford.

2—Beechcroft, London.

1—Needwood, Burton on Trent.

1—Open Air School, Headington.

The local headquarters and club rooms are situated at 65 Banbury Road. These Club rooms are open three times a week for socials and club recreations. Every Sunday a religious service is held in the Chapel.

### **(b) Hard of Hearing**

The welfare of the hard of hearing persons in the City of Oxford is undertaken by the Hard of Hearing Club closely connected with the Department of Otolaryngology at the Radcliffe Infirmary.

Meetings are held at St. Michael's Hall. A financial grant was made to help meet the cost of hiring these premises, and the Club has increased its membership and activities substantially.

### **(c) Crippled Persons**

The British Red Cross Society organise a Club for crippled persons which meets fortnightly at 101 Banbury Road. The membership of the club has increased during the year, and the Council have made grants towards the cost of equipment, and to enable transport to be provided for those severely crippled.

### **(d) Spastics**

There are 28 spastics known to the Department, 11 are adults (7 male and 4 female), and 17 children (9 male and 8 female). One of the male adults lives in Part III accommodation, the other 10 are in their own homes.

Of the 17 children, 10 are attending ordinary schools, 3 are attending special schools, 2 attend the Occupation Centre and 1 receives Home teaching.

Under Section 31 of the National Assistance Act, the Local Authority makes a grant to the British Red Cross Society, who organises and maintain a Disabled and Crippled Persons Club.

In addition, there is in the City, a newly formed Association for parents of spastic children in the City and district. A close co-ordination is maintained between the Department and the Voluntary Society, and the parents of spastic children are notified of any functions or facilities which may be available to their children.

An occupational therapy service is available to those Adult Spastics who are able and willing to benefit from same.



### **(e) Epileptics**

A total of 10 Adult Epileptics (5 male, 5 female), are known to the Department; all are Major Epileptics.

As there is no recognised scheme providing for their welfare, and no system of registration for this handicapped class, this figure cannot by any means be accepted as a true figure for Epileptics in the City. The cases coming to our notice are mainly those, who, because of their condition, are in need of special residential accommodation.

The occupational therapy service is available to those Epileptics who can benefit from same, and contact has been made with the British Epilepsy Association with a view to establishing Social Activity for this handicapped class.

### **Meals on Wheels**

This service has continued during the year by the W.V.S. and the British Red Cross Society, and an average number of 85 old people are supplied with a hot meal twice weekly. The meals, at a cost of 9*d.* per meal, are paid for by the recipient, the Council only being responsible for the cost of transporting meals at the rate of 6*d.* per mile. The food is cooked and supplied by the Catering Department of the City.

### **Chiropody Service**

The Oxford Council of Social Service, having made enquiries, and found that there was a real need for chiropody treatment among the old people who were unable to have treatment because of their inability to meet the prescribed charge, instituted, in February, 1953, a chiropody service at the Temple Cowley Old Peoples' Club. It was the first of four which the Committee had decided to start as soon as possible to test the effectiveness of the proposed organisation and, to provide a more definite indication of the need for the service and the extent to which it was required. If there was any doubt in the first instance of the need for such a service, it was very quickly dispelled. Within three weeks of the commencement the four Club Leaders had each received between 20 and 50 applications. The service has now been set up in nine Clubs. It is unlikely that any addition to the service will be necessary, although consideration is being given to the Club at Sandhills. The service is now fully organised and meets all requirements. In a number of cases certain Clubs have attached to them for Chiropody service treatment, one or more Clubs which are in the neighbourhood and from which Old People can travel without much difficulty. These arrangements were necessary because in certain Clubs the membership was small and, in other cases, no satisfactory accommodation available. At each Club either the Club Leader, or one specially appointed, undertakes the responsibility of looking after the service. They arrange with the Chiropodist for the number of attendances which are necessary and, order any additional drugs, etc., as



replacements direct from the chemists, the bills being sent to the Secretary for payment.

Apart from the members of the Clubs, other Old People have been given treatment which is in accordance with the wishes of the members of the Trust. A number of them were treated at Clubs and on three or four occasions, arrangements were made for a Chiropodist to attend to them at their own homes.

### **Removal of Persons in Need of Care and Attention**

It was found necessary to use the powers given to the Council under Section 47 of the National Assistance Act, 1948, on one occasion during the year.

The person concerned was a man suffering from a grave and chronic disease, and was living in insanitary conditions. During the time he was under observation, he had persistently refused to enter some suitable accommodation, and a short order was obtained in accordance with the requirements of the National Assistance Amendment Act, 1951, requiring the man's removal to hospital. When the ambulance called at the home, the man had become amenable to his removal, and did in fact, offer no objections. At the end of the three weeks period, he elected to stay in hospital, and there was no necessity to obtain a further order.

### **Temporary Protection of Property of Persons admitted to Hospitals, etc.**

The duty of the Council under Section 48 of the National Assistance Act, 1948, to protect the property of patients admitted to hospital or to accommodation under Part III of the Act, has been effected in 6 cases during the year.

### **Burial or Cremation of the Dead**

Under Section 50 of the National Assistance Act, 1948, the Council has a duty to cause to be buried or cremated the body of any person who has died or been found dead in their area, where no suitable arrangements for disposal have been made. During the year, it has been necessary for the Council to arrange four such burials, and in each case part recovery of the cost involved has been made.

## SECTION IX

## ENVIRONMENTAL HYGIENE

REPORT BY W. COMBEY, D.P.A., M.R.San.I., A.M.I.San.E.

Chief Sanitary Inspector

Complaints received during the year were again reduced in number but activity in connection with general sanitary circumstances, housing conditions, and food handling and preparation was maintained at a high level, and solid progress was achieved in each section. Informal action in most cases was sufficient to secure compliance with our requests for attention where necessary and once again it is pleasing to record the harmonious way in which the general public, the trading and industrial life of the City and others concerned received our intervention in matters of every day concern.

There was considerable activity with matters affecting our work in Government circles during the year marked in particular by the issue of the Local Government (Miscellaneous Provisions) Act, 1953, Housing and Food and Drug Bills, a White Paper on Housing—"Houses the Next Step", and the publication of the report of the Working Party on Recruitment, Training and Qualification of Sanitary Inspectors. The Oxford Corporation Act of 1953 also was passed, with a deletion, however, of reference to proposed extensions of the City boundaries. A number of provisions important to the Department were contained in the new Corporation Act, particularly those relating to the testing and cleansing of drains, repairs to sanitary conveniences, house repairs, filthy and verminous premises and articles, registration of food hawkers, noise nuisances and smokeless areas. As will be noted from the ensuing report, some progress has already been made towards the goal of a smokeless central Oxford, and a map is included to indicate the possible extent of the area if and when hopes are realised. In this regard a pleasing co-operation between City and University has been established for both are combining in a survey of the extent of atmospheric sulphurous pollution over the City. The laboratory facilities are being provided at the University Inorganic Chemistry Department and by the end of the year all arrangements had been completed and recording commenced. It is hoped before the end of 1954 that the City will secure approval for its first smokeless zone and so become one of the very small band of pioneers of the smokeless zone movement in the country.

With the realisation that housing activity was likely to receive impetus by the new Bill some time was spent during the year in assessing the approximate condition of dwelling-house property in the St. Ebbe's



area, and it was possible by the end of the year to provide the City Architect with a coloured area map showing the general picture of unfitness. Detailed inspection of this area will be proceeded with early in 1954 in readiness for possible clearance and re-development. Further assessments were made of the St. Clement's and Headington Quarry areas and it is intended to extend housing activity over other areas as quickly as possible until a complete picture of housing conditions in the City has been obtained. The Government seem set on securing a rapid reduction in slum property, with an increased activity in house repair work side by side with new building operations, for the new Housing Bill will probably become law early in 1954.

Much activity is also promised in connection with a new Food and Drugs Act, at present on the stocks, which apparently calls for more detailed supervision of food premises, equipment, vehicles and personnel in the food trades, and considerable burdens may also be expected following the cessation of livestock control and meat marketing by the Ministry of Food—which is promised for the coming year.

The Report of the Sanitary Inspectors' Working Party which was published during the year draws attention to a great need for stimulation in recruitment, and improved training and conditions of service, in an attempt to cope with the demands likely to be placed on Sanitary Inspectors in the time which lies ahead. It is hoped that some progress will soon be made with the recommendations of the Working Party, for staff shortages are already making themselves felt throughout the country.

The survey of surface rodent infestations in the City continued and on completion of the East Oxford section attention was directed to the St. Barnabas and central City areas. There is no doubt that this survey is doing much to clear away many infestations otherwise not likely to have been reported and which would, therefore, have probably led to further and more extensive infestations. Completion of the work of repairing the main Cornmarket Street sewer is also awaited with interest in order to see what effect this may have on the central City infestation. Interest in the Council's Agreement Scheme for pest extermination continues to grow with income slowly but steadily rising, and a general appreciation is shown of the efficiency with which the work is carried out by all those calling for dis-infestation measures.

Following reports on sea-weed fly infestation of South coast resorts it was surprising to receive information that they had arrived at Oxford—appearing in the vicinity of the Radcliffe Infirmary towards the end of October. They were identified by Professor Varley of the University Entomology Department. Suggestion has been made that "the flies received a free ride from the infested areas via British Railways", for trains passing through Oxford from the South may be required to stand at coastal terminal stations at week-ends and so become liable to infesta-



tion. The flies congregated in and near the Morbid Anatomy Department of the Infirmary and a nearby dry-cleaners.

Improvement in milk quality was noted during the year with a steady maintenance of good heat treatment standards and general cleanliness in milk handling, although it must be said that there is still mis-use of milk bottles in certain quarters and this places a heavy burden on staffs and equipment of milk depots. It will be noted that the City becomes a "Special Designation" area on 1st April, 1954. Food and Drugs sampling revealed some interesting points in connection with food quality, labelling, etc., and one prosecution in connection with the presence of extraneous water in milk resulted in a heavy fine. Sausage quality proved variable and disconcerting following the cessation of standards for in some cases expensive samples showed less meat content than the cheaper kind. In the field of Meat Inspection overtime continued for long periods but staff were very loyal in their attention to this rather tiresome occurrence in connection with the slaughter of animals. It seems impossible to arrange reasonable hours for this particular part of our duties. The trend in tuberculosis of food animals slaughtered locally continued in a downward direction and graphical illustration is provided in the report.

Staff both technical and clerical continued to give excellent service, meeting any unusual demands from time to time with commendable zeal and maintaining throughout the Department a pleasing harmony. For this I am very grateful, and would also express my appreciation of the co-operation of other Departmental Officers and staff.

The Report is again presented in three main sub-sections, having relevant statistics and dealing with—

- (a) General Sanitary circumstances and Water Supply,
- (b) Housing Conditions, and
- (c) Meat, Milk and Other Food Supplies.

## **(A) GENERAL SANITARY CIRCUMSTANCES AND WATER SUPPLY**

### **(i) Complaints and Inspections**

1,020 Complaints regarding nuisances and conditions giving rise to concern were received during the year, this number being a decrease on the 1952 figure—(1,067), and being the lowest since 1945.

Complaints relating to infestations with rats, mice, insect pests, etc., amounted to over half of the total (634) while housing complaints numbered 149, this again being surprisingly low having regard to the general deterioration of property since the war. The number and general nature of inspections carried out in connection with sanitary circumstances were as follows:—

**Complaints:—**

	<i>No. of visits</i>					
Accumulations of Refuse .. .. .	..	..	..	..	..	14
Choked and Defective Drains .. .. .	..	..	..	..	..	27
Defective Water Supply .. .. .	..	..	..	..	..	6
Defective Water Closets .. .. .	..	..	..	..	..	20
Dirty or Verminous Premises .. .. .	..	..	..	..	..	53
General Housing Defects (including dampness) .. .. .	..	..	..	..	..	149
Infestation of Insects .. .. .	..	..	..	..	..	62
„    Rodents .. .. .	..	..	..	..	..	502
„    Wasps .. .. .	..	..	..	..	..	70
Keeping of Animals .. .. .	..	..	..	..	..	4
Noise Nuisance .. .. .	..	..	..	..	..	5
Offensive Odours .. .. .	..	..	..	..	..	48
Overcrowding .. .. .	..	..	..	..	..	11
Refuse Accommodation .. .. .	..	..	..	..	..	5
Smoke Nuisances .. .. .	..	..	..	..	..	21
Miscellaneous .. .. .	..	..	..	..	..	23
						<hr/>
						1,020
						<hr/>

**Number and Nature of Inspections**

	<i>No. of visits</i>					
Drainage .. .. .	..	..	..	..	..	276
Pet Animals Premises .. .. .	..	..	..	..	..	40
Public Conveniences .. .. .	..	..	..	..	..	36
Rag Flock .. .. .	..	..	..	..	..	5
Animal Nuisances .. .. .	..	..	..	..	..	63
Piggeries and Stables .. .. .	..	..	..	..	..	176
Common Lodging Houses .. .. .	..	..	..	..	..	70
Tents, Vans and Sheds .. .. .	..	..	..	..	..	371
Refuse Storage and Accumulations .. .. .	..	..	..	..	..	203
Rats and Mice .. .. .	..	..	..	..	..	1,526
Boiler Plant .. .. .	..	..	..	..	..	122
Shops (Shops Act Inspections) .. .. .	..	..	..	..	..	352
School Sanitation .. .. .	..	..	..	..	..	8
Overcrowding .. .. .	..	..	..	..	..	31
Verminous Premises .. .. .	..	..	..	..	..	143
„    Persons .. .. .	..	..	..	..	..	28
Housing Visits .. .. .	..	..	..	..	..	2,717
Smoke Observations taken .. .. .	..	..	..	..	..	400
Licensed Premises .. .. .	..	..	..	..	..	42
Miscellaneous Visits .. .. .	..	..	..	..	..	1,222
Interviews .. .. .	..	..	..	..	..	450



## **(ii) Sanitary Circumstances of Aged Persons**

Close co-operation with the Welfare Section is maintained in connection with the general circumstances under which aged persons are living; wherever Sanitary Inspectors can be of assistance their services have been available in connection with the improvement of home conditions or treatment against vermin.

## **(iii) Common Lodging Houses**

The Church Army Hostel and Annexe continue to provide good accommodation for itinerant persons, there being 144 beds available. There was for a period during the year a certain lack of demand for this accommodation but on the whole the premises have been fairly fully occupied. Some anxiety was felt by the Church Army Authority at proposals for re-developing the St. Ebbe's district and consideration was given by that body to the future of the hostel. Discussion with the Chief Sanitary Inspector took place at which officials of the Church Army expressed a desire to secure more modern premises and set up a high standard of accommodation. The Cambridge Terrace premises are, of course, old, worn out and in need of considerable renovation and the Church Army are unwilling to expend large sums on such works as are needed pending further information regarding future re-development in the area. Further consideration will be given to this matter in due course when progress has been made towards likely re-development of the St. Ebbe's district.

Slight difficulty was caused during the year in connection with the treatment of lodgers infested with vermin, this being due to their lack of co-operation in attendance at the treatment centre set up at the Laurels. The arrangement involved transport and the use of staff sometimes at inconvenient periods. Accordingly, towards the end of the year attempt was made to arrange treatment facilities at the hostel where hot baths were available and the services of a Sanitary Assistant could be used for supervision of the treatment. Liberal use of 10% D.D.T. dusting powder was carried out at the hostel and where considered essential clothing was steam sterilised by arrangement with the Slade Hospital staff. Further thought is being given to the possible provision of sterilising facilities at or near the hostel with a view to still further reducing the waiting period and cutting out the need for transport. It is pleasing to pay tribute to the co-operation of the staff of the Church Army who maintain the accommodation in surprisingly good condition notwithstanding the difficulties met with from day to day.

Arrangements were made for the cleansing of 28 persons during the year, 20 of these receiving treatment at the Laurels.

## **(iv) Moveable Dwellings**

Close accord has been established with the Planning Department over the erection and habitation of these dwellings within the City and,



where possible, applicants are encouraged to secure planning licences prior to applying for Public Health licences which merely regulate the hygienic conditions under which the site and dwelling is occupied. Failure to secure Planning approval only leads to disappointment where Public Health licence requirements have been satisfied.

2 Site licences were granted under Section 269 (i) of the Public Health Act, 1936, during the year, involving a total of 13 moveable dwellings, principally of the trailer-van type. 55 Licences to erect individual dwellings under the provisions of Sub-Section (ii) of the same Section were also granted by the Health Committee. The total number of moveable dwellings licensed within the City at the end of the year was 59. In certain cases licence periods of up to three years have been allowed where Planning Licences for the sites have been granted for a similar time, but as a general rule a twelve months period has been adopted for licences granted in connection with individual dwellings. While conditions generally on the few sites involved in the City continue to be fairly satisfactory it is felt that this type of housing accommodation is not a satisfactory substitute for permanent dwellings, particularly in a built-up area. Unfortunately these temporary housing units gradually tend to develop into semi-permanent homes and where families become established conditions are apt to deteriorate. There are on large sites in the fringe areas of the City considerable numbers of occupied moveable dwellings which are, of course, not the responsibility of this Authority being outside the City boundary. No doubt considerable numbers of occupants are applicants on the City Housing Register.

#### **(v) Offensive Trades**

There is only a small amount of activity in this connection, and the local tripe boiling business at Cowley operates with little offence, while dealers in rags and bones have given little cause for concern.

#### **(vi) Canal Boats**

Some interest was created during the year in the seldom used stretch of the Oxford Canal, by the formation of an Association pledged to seek preservation of this waterway as a useful social amenity. There is no doubt that lack of interest in its future may well result in it becoming an eye-sore and a source of possible nuisance through over-growth, stagnation and deposit of refuse. No new boats were registered nor any action called for under the Canal Boat Regulations during the year.

#### **(vii) Drainage**

Conditions of drainage and sanitation of buildings give rise to concern from time to time and 27 complaints in this connection were received by the Department during the year. The Building Inspectors and Drainage Sections of the City Engineer's Department continue to collaborate in

dealing with matters of mutual interest and little undue delay or difficulty was experienced in securing repair or renewal. One or two instances of defective drainage under floors were discovered during the Rodent Survey of the St. Barnabas area and these were satisfactorily dealt with. A persistent odour nuisance in a Club premises at Osney was found after investigation to be due to the opening out of an old sewer connection by rats; the connection was eventually sealed off and the nuisance abated. Arrangements were in hand by the Ministry of Food at the end of the year for alteration and improvement to both drainage system and yard surface at the slaughterhouse in Henry Road, as this had given rise to concern because of choking and local flooding.

### **(viii) Riding Establishments, Stables and Piggeries**

Conditions on the whole continue to be satisfactory, some 176 inspections being carried out during the year. Two riding establishments received their six-monthly inspections by the appointed Veterinary Officer and an application for a third establishment was granted towards the end of the year. All were reported as well maintained and operated.

Nuisance created by the keeping of pigs is remarkably small having regard to the fairly large number of piggeries in the City. Occasional complaints were received during spells of fine weather, but general conditions continue to be satisfactory.

### **(ix) Pet Animals**

There were 8 premises licensed during the year under the provisions of the Pet Animals Act and 40 visits were made to these premises. Conditions generally were good and no instance of unsatisfactory keeping of animals came to light during the year.

### **(x) Factories and Workplaces**

The register of factories is kept reasonably up-to-date in collaboration with H.M. Inspector of Factories and routine inspection of these premises continues. 55 Premises were also visited in connection with outworkers operating in the City, these being occupied principally in dress-making, tailoring, glove making and to a certain extent in toy filling. Hygienic standards generally were satisfactory.



### Inspection of Factories and Workplaces

Premises	Number on Register	Number of		
		Inspec- tions	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authority ... ..	86	99	1	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ... ..	366	339	9	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ... ..	13	13	—	—
Total ... ..	465	451	10	—

### Defects found in Factories

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1)	—	2	—	2	—
Overcrowding (S.2) ...	—	—	—	—	—
Unreasonable temperature (S.3) ... ..	—	—	—	1	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6) ... ..	1	1	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient ...	1	—	—	—	—
(b) Unsuitable or defective ... ..	4	4	—	—	—
(c) Not separate for sexes ... ..	1	1	—	3	—
Other offences (not including offences relating to Homework) ... ..	5	7	—	—	—
Total ... ..	12	15	—	6	—

### (xi) Shops

Inspection of Shops under the provisions of sections 37/38 of the Shops Act, 1950, was maintained during the year, coupled with constant attention to conditions of these premises during visitation for purposes of other matters relating to the hygienic condition of retail premises in the City. The general standard continued to be good and in only 6 cases were notices required under the provisions of the Shops Acts. Matters relating to hours of employment and welfare of staff continue to be administered by the Watch Committee.



## (xii) Pest Extermination

Considerable activity was maintained during the year by the Staff of four Assistants employed for this purpose. They were kept busily occupied in dealing with the large number of complaints received regarding infestations by rats, mice and other pests, with routine service of several areas of the City and with sewer treatments. These latter are carried out in accordance with the Ministry's suggestions, while the survey of premises in East Oxford, commenced in 1952, was completed during the current year. This survey involved 1,932 premises consisting of 1,634 dwelling-houses, 289 business or industrial premises, and 9 Local Authority properties. The following report was made.

"Since 1950 some 69 sewer manholes in this East Oxford area have been test baited and treated where necessary and the present picture shows 18 with 'part takes' and 4 with 'good takes' of poison on the 19th June, 1953. Rat infestations were apparent in some 46 premises in roads where poisoning of sewer manholes had been carried out during the maintenance treatments, but in only one instance was there suggestion of a faulty drainage system, and in this case owing to the depth of the sewer and the difficult situation of the drain connection structural repair has not yet been carried out. Careful investigation in all other rat infested premises has not revealed any drain defects or involvements of the sewerage system. A total of 142 premises were found infested with rats a percentage of 7.35% involving 109 dwelling-houses, 31 business premises and 2 Corporation premises. On the other hand no less than 533 premises were found infested with mice in greater or lesser degree, a total of 27.6% involving 427 dwelling-houses, 101 business premises and 5 Corporation premises.

Re-infestations reported since the end of the survey in May include only 2 dwelling-houses and 1 business premises affected with rats and 4 dwelling-houses and 1 business premises with mice. In no case is the re-infestation of serious proportions. Zinc Phosphide and/or Arsenic was used in poison bait in the case of 34 dwelling-houses and 7 business premises infested with rats, and in 60 dwelling-houses, 13 business premises and 2 Corporation premises infested with mice. In all other cases Warfarin was the poison used in the strengths recommended by the Ministry."

The Ministry expressed considerable interest in the Survey and discussion took place with their Technical Officers. This resulted in an arrangement for carrying out, over a period of two years, a special three-monthly treatment of the East Oxford Sewer Section which is separated by syphon from the major sewerage system serving the rest of the City. It should be interesting to find out whether this special treatment has any beneficial result. Reports of positive takes over a period of several years indicate sites of comparatively constant infestation and this special treatment may secure a reduction to a minimum of these infestations

within the two-year period. It is hoped with the assistance of the Ministry's Technical Officers to commence the treatment early in 1954.

The surface survey was commenced in the St. Barnabas region where indication of sewer infestation is also fairly constant and this survey was making good progress by the end of the year. As the survey approaches the central and older parts of the City it is anticipated that more defective drainage will be discovered than has so far been the case in the more outlying areas inspected. The re-lining of the Cornmarket Street main sewer which was commenced by the City Engineer's Department towards the end of the year may also have some benefit in the central region by the making good of defects found in the system.

The Agreement Scheme for treatment of premises continues to grow there being an increasing interest shown. The total income from 25 contracts during the year amounted to £337, being an increase over last year's figure of £259 10s. 0d. No pressure is exerted on interested parties and quotations for treatment are available whenever enquiry is made. The scheme includes agreement for the dis-infestation of premises from insect pests in addition to rats and mice and the use of various modern insecticides has been found useful for this purpose.

Use of the new rodenticide Warfarin has continued successfully and its use has eradicated pre-baiting and reduced the number of calls necessary in connection with infested premises. Zinc Phosphide and Arsenious Oxide continue to be used in the sewer baiting programme and, where considered advisable, on other surface premises, and so far no complaints have been received regarding damage to domestic animals by poison baits. There is no doubt that the service generally is highly appreciated throughout the City and most persons are anxious to co-operate in dealing with infestations as they arise. The Chief Sanitary Inspector attended the meetings of the Oxfordshire Workable Area Committee set up at the suggestion of the Ministry of Agriculture and was elected Chairman of the Committee for the year 1954.



# Prevention of Damage by Pests Act, 1949.

Report for Year ended 31st December, 1953.

	Type of Property				Total (5)
	Local Authority (1)	Dwelling Houses (2)	Agri- cultural (3)	All other (including business premises) (4)	
I. Total number of properties in Local Authority's District	296	* 26,634	82	* 3,849	* 30,861
II. Number of properties inspected by the Local Authority during 1953 as a result of (a) notification or (b) otherwise	(a) 23	265	—	76	364
	(b) 55	2,396	—	1,363	3,814
III. Number of properties inspected (see Section II) which were found to be infested by rats	Major —	—	—	—	—
	Minor 17	311	—	83	411
IV. Number of properties inspected (see Section II) which were found to be seriously infested by mice	—	—	—	—	—
V. Number of infested properties (see Sections III and IV) treated by the Local Authority	33	768	—	188	989
VI. Number of notices served under Section 4:					
(1) Treatment ... ..	—	—	—	1	1
(2) Structural Works (i.e. Proofing) ...	1	1	—	1	3
VII. Number of cases in which default action was taken by Local Authority following the issue of a notice under Section 4	—	—	—	—	—
VIII. Legal Proceedings...	—	—	—	—	—
IX. Number of "block" control schemes carried out ... ..	2				

\*Estimated at 31.12.53.

Where combined business/dwelling-house property—included as business premises.



<i>Visits in connection with Rodent Extermination by Operatives</i>						<i>Totals</i>
Local Government Premises						
1st Visit .. .. .						63
Re-visits .. .. .						491
Dwelling Houses						
1st Visits .. .. .						865
Re-visits .. .. .						5,579
Business Premises						
1st Visits .. .. .						168
Re-visits .. .. .						1,237
University Premises						
1st Visits .. .. .						8
Re-visits .. .. .						204
						<hr/>
						8,615
						<hr/>

*Baits Laid*

Pre-baits .. .. .	818
Poison baits .. .. .	15,342
Post-baits .. .. .	58

Pharoah's ant (*Monomorium pharaonis*) proved rather troublesome in one of the Hospitals in the City, being fairly persistent in certain blocks of buildings, operating theatres, dressing stores and administrative centres. Towards the end of the year treatment with Chlordane and Gammexane insecticides were used in an attempt to secure eradication; there were hopeful signs of success apparent some weeks after the initial treatment. An infestation by the common black ant of bakers' commodities delivered to a City shop from another town was found to be due to an infested transport storage building and following vigorous treatment no further contamination occurred.

The number of wasp nests dealt with during the year were nearly double those in 1952, but still well below the high incidence of 1951. They continue to arise in most inaccessible places. While it is considered a useful function to destroy these sources of nuisance to ratepayers it is doubtful whether the public realises that many Local Authorities refuse to undertake this service, and others only carry it out after special payment is made. The work is not always free from danger—most often due to the inaccessible position or high points in buildings where nests are often found. On the whole, however, little trouble has been experienced so far and it must be said that warm appreciation is invariably expressed by those members of the public for whom nests are eradicated.

The sea-weed fly (*Coelopa Frigida*) made its appearance in the City towards the end of November, an infestation being found in the Morbid

Anatomy Department of the Radcliffe Infirmary which utilises a considerable amount of chloroform and this was apparently an attraction to the flies. The presence of the flies was also confirmed in the vicinity of a dry-cleaning business just north of the site of the Radcliffe Infirmary. The Professor of Entomology at the University Museum was most interested and his staff investigated both circumstances and identified the species. One suggestion regarding their presence in Oxford—some 100 miles from the South Coast—is that trains standing overnight at south coast resorts before travelling to Oxford and beyond may carry fly infestation. The Radcliffe Infirmary is situated not very far away from the main railway route. Meteorological data for November showed general persistence of southerly breezes which might also have had some bearing on the matter.

### **(xiii) Atmospheric Pollution**

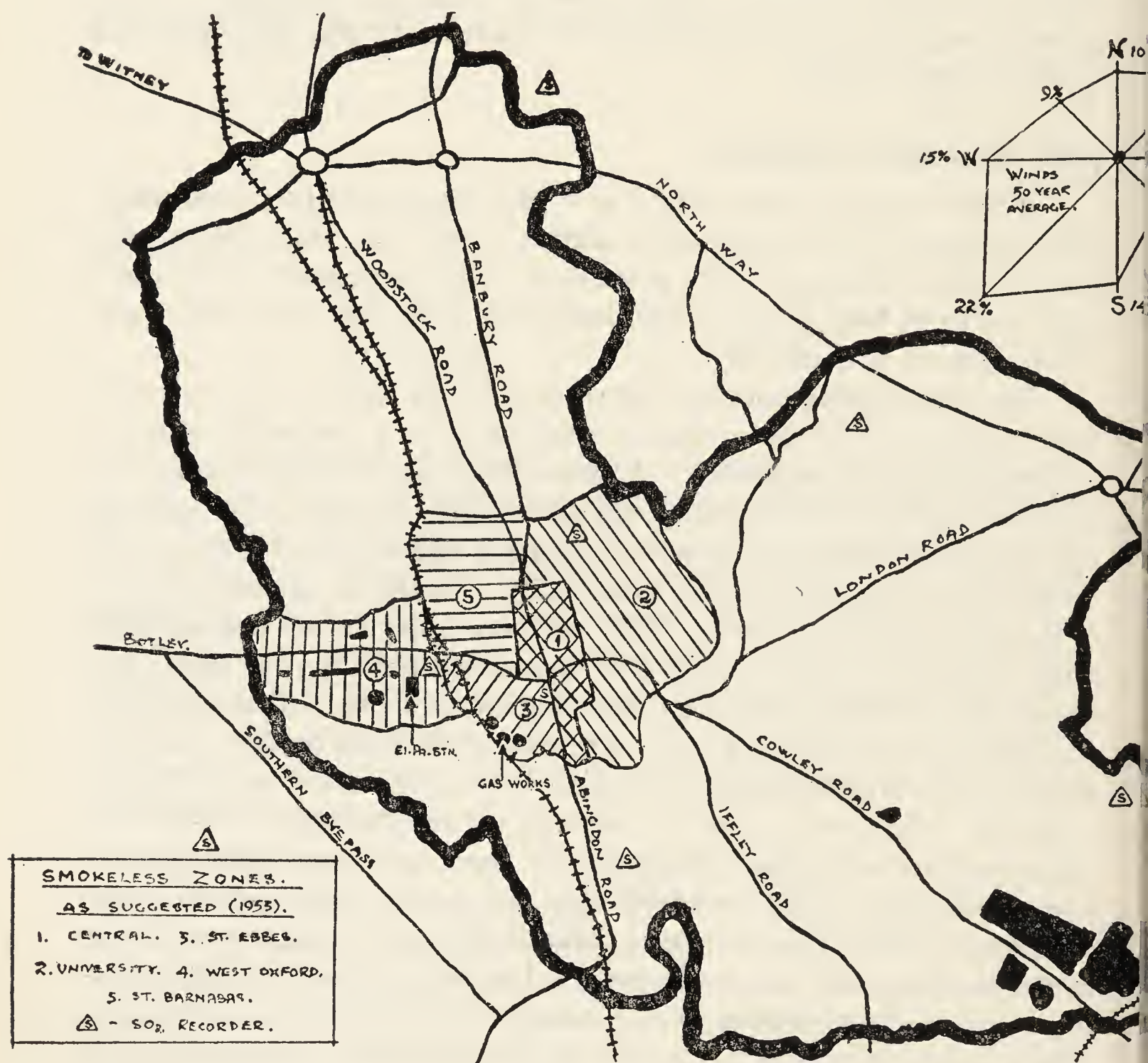
Despite the fact that Oxford is a City reasonably free from major smoke nuisance and atmospheric pollution, there is no doubt that control over existing smoke producing plant in the City is necessary if the atmosphere is to be kept as far as practicable free from dust, grit, smoke and other products of combustion.

The considerable amount of time spent during the year in connection with this section of our activities culminated in a successful effort to secure smokeless zone powers. A clause based on the Model Clause was included in the 1953 Oxford Corporation Bill, and this was strongly opposed by the National Brewers Federation and also local brewers who operate the Lion Brewery in St. Ebbe's area. Detailed evidence in support of the clause was given by the Chief Sanitary Inspector in Committees of both Houses of Parliament and after careful consideration the clause was accepted. Notwithstanding the fact that the proposed initial smokeless zone is likely to be about  $\frac{1}{4}$  mile north east of the local brewery, the firm were apprehensive of difficulty in coping with future smokeless combustion demands. The brewery plant is admittedly old and the system in operation typical of the old English tradition, the brewing coppers being heated over open grates, hand fired with coal and having steam jets to assist draught. There was considered little likelihood of the brewery being included in any extension of the proposed smokeless zone for a number of years and, in the meantime, it was possible that improved circumstances might affect the situation. A comprehensive scheme presented by the Chief Sanitary Inspector in evidence showed proposals for an initial smokeless zone of approximately 100 acres extending from St. Giles' in the north of the City Centre to Folly Bridge in the south and bounded by South Parks Road in the east and New Inn Hall Street, Queen Street and St. Aldate's in the west. Extensions of the original zone were suggested to include the whole University area to the west as far as the Cherwell boundary and thereafter development of smokeless combustion in accord



with the City re-development of St. Ebbe's to the south west and to be followed by further extensions to the south and west eventually to include the whole of the St. Barnabas and Botley area beyond the railway together with any further industrial development in the west of the City. The whole scheme would, if successful, eliminate smoke from an area approximately  $\frac{3}{4}$  mile radius centred on Carfax and including the University and older City area and the re-development areas envisaged in the Town Development Plan.

### Suggested Smokeless Zones



A complete survey of the premises throughout the proposed initial zone was carried out in order to present a full picture of the situation to the Select Committees. This survey showed that over 80% of the premises within the proposed zone were already burning smokeless fuel or utilising other smokeless methods of space heating, well over 90% were similarly heating water and nearly 100% to be cooking by smokeless methods. The smokeless zone could become an early reality if by persuasion the 20% not using smokeless methods could be persuaded



to adopt such methods within a reasonably short time. It is hoped to take steps in this regard during the coming year. The University body are, of course, very keenly interested in the proposal. There is, undoubtedly, a considerable deterioration of stonework among the irreplaceable and historic buildings of the University and old City area. Co-operation by the University with the City Health Committee in a survey of atmospheric pollution was, therefore, welcomed during the year, and the Chief Sanitary Inspector discussed proposals with their representatives. Finally, it was agreed that the University Inorganic Chemistry Department would carry out analyses, making available laboratory and staff for the purpose, while the City Health Committee would bear the cost of the actual analysis. The University agreed to bear the cost of setting up four of eight SO<sub>2</sub> recorders. Following consultation with the Department of Scientific and Industrial Research, eight suitable sites were agreed upon for the setting up of these SO<sub>2</sub> recorders and observations commenced in November. It was decided not to install any deposit gauges although it is hoped eventually to install a daily smoke and SO<sub>2</sub> meter at a suitable point in the City. The following sites were chosen for the recorders:—

North Hinksey Water Tower,	Rear garden of 17 Mill Street, Osney.
University Parks Enclosure,	Cotteslowe Park, Summertown.
South Parks Road.	
Headington Cemetery,	Slade Isolation Hospital Ground.
University College Sports Ground,	Roof of Telephone House,
South Oxford,	St. Aldate's.

A number of investigations took place in connection with various smoke nuisances during the year and these involved observations, visits to plant and reports to Health Committee. Several laundries causing nuisance from grit and smoke from time to time were involved; the local Power Station was also concerned in a series of complaints regarding grit and excessive smoke, while the local Gas Works continued to be a source of nuisance particularly during coke quenching. Owing to difficulties in connection with fuel supplies it has not been easy to secure the necessary improvements, but the Ministry of Fuel and Power have collaborated as far as possible and by the end of the year satisfactory fuel changes had taken place at two laundries and the Power Station Superintendent specially secured, at extra expense, more satisfactory fuel from another region. Fairly considerable smoke nuisance was noticed along the main railway line involving locomotive sheds, marshalling yards and station, and representations were made locally in this regard; here again fuel caused embarrassment although it is felt that more could be done by operatives exercising closer watch over combustion conditions. It is also obvious that particular regard must be had in future to new fuel burning plant wherever erected in the City, with a view to ensuring that the plant is capable of being operated without causing pollution and collaboration in this regard takes place between the Planning and Health Departments. While it is true that this City is reasonable free from serious industrial

atmospheric pollution, there is no cause for complacency when one considers the extent of some of the major works within the City boundary and the considerable light industrial development along the westerly boundary which until such time as they have been rendered completely smokeless will continue to affect the more central area of the City during prevailing south westerly breezes. Long term policy envisages a smokeless central Oxford within about twenty years if steady progress can be made with re-development and conversion schemes.

#### (xiv) Swimming Baths and Bathing Facilities

The bathing places on the Rivers Thames and Cherwell were freely used once more without much incident, while the Hinksey Open-Air Pools were also popular. It is anticipated that a chlorination plant will soon be provided at this latter group of open-air pools and this will considerably enhance their hygienic value and safety. The Temple Cowley covered swimming bath continues to prove very satisfactory, the chlorination system being most efficient. 22 Bacteriological samples were taken during the year by the City Water Engineer and all were returned as satisfactory. While open river bathing places continue to offer some risk from pollution considerable use is made of these facilities and no serious results were reported during the year.

#### (xv) Water Supply

The following report has been kindly supplied by Mr. H. H. Crawley, A.M.I.C.E., M.I.W.E., the City Water Engineer.

The water supply of the City of Oxford and its surrounding water area was satisfactory in quality and quantity during the year.

The total quantity of water treated at Swinford Works and pumped to Beacon Hill Reservoir during 1953 was 2,352,173,000 gallons, an increase of 19,223,000 gallons over the previous year's quantity.

After deducting metered supplies the average consumption per head per day was 23.8 gallons.

#### Bacteriological Examinations

Samples of water from the River Thames, which is the source of supply, were taken each month together with samples after settlement, after filtration and of the final chlorinated water leaving Swinford Works.

The results of the examinations of the above samples showed the following ranges in the probable number of coliform bacilli (2 days at 37°C.) per 100 m.l.:—

River Thames samples	..	..	50 to 30,000
Settled Water samples	..	..	50 to 4,500
Filtered Water samples	..	..	5 to 900
Chlorinated Water samples	..	..	.. 0



Bacteriological samples were also taken at least once a week from each of the service reservoirs and from consumers' taps in various parts of the water area. The results of these samples were as follows:—

Place of Sampling	Total no. of samples taken	Results.				Grade 1 samples as a percentage of total number
		Ministry of Health Grade				
		1	2	3	4	
Works Cottages ...	12	12	—	—	—	100.0%
Beacon Hill Reservoir	52	52	—	—	—	100.0%
Headington Reservoir	53	50	3	—	—	94.4%
Shotover Reservoir	103	95	6	—	2	92.2%
Boars Hill Reservoir	53	48	3	2	—	90.6%
Consumers' Taps ...	182	182	—	—	—	100.0%
Totals ... ..	455	439	12	2	2	96.5%

Most of the lower grade results were due to organisms of non-faecal origin. Additional chlorination was done as a safeguard at the points concerned.

### Chemical Analyses

Each month samples were taken for chemical analyses of the Raw Thames Water and of the filtered water. Average results are given below:—

<i>Physical characters</i>	<i>Raw Thames water</i>	<i>Filtered water</i>
Reaction .. .. .	Alkaline	Alkaline
Colour in 2 ft. stratum ..	Slightly turbid, brown	Clear, pale green
Suspended matter.. ..	Trace	Nil.
<i>Chemical characters</i>	<i>Parts per million</i>	<i>Parts per million</i>
Total solids dried at 100°C. ..	377	366
Loss on ignition .. ..	45	43
Chlorine in chlorides .. ..	22	23
Do. $\times 1.647$ = sodium chloride	36.2	37.8
Nitrites .. .. .	Present	Nil.
Nitrogen as nitrates .. ..	2.0	2.0
Saline ammonia .. ..	.162	.017
Albuminoid ammonia .. ..	.22	.133
Oxygen absorbed:		
3 hours at 37 C. .. ..	1.68	.93
Hardness: Total .. ..	227	227
Temporary .. ..	155	155
Permanent .. ..	71	74
Phosphate as $P_2O_5$ .. ..	.47	not determined
Silica as $SiO_2$ .. ..	11	not determined
Poisonous metals: Lead .. ..	Nil.	Nil.
Copper .. ..	Nil.	Nil.
Fluorides as F .. ..	not determined	.312
Result .. .. .	—	Satisfactory

Activated carbon dosing of the settled water was done continuously throughout the year.

The estimated population of the City was 107,000. The number of premises was 30,572. All the properties are supplied from public water mains with the exception of those in Binsey Village where there is a well supply with storage tank which serves approximately 75 persons.

## **(B) HOUSING CONDITIONS**

Interest in housing activity became somewhat more prominent during the year arising out of growing concern for the plight of persons living in pre-war condemned property and slum areas, and also about the conditions of dis-repair and dilapidation which have arisen in many houses since pre-war days. As mentioned in the last report the stabilisation of rents at pre-war levels has resulted in stalemate in so far as maintenance repairs are concerned. Without reasonable inducement, owners have been unable to afford what normally should be done to keep houses free from a growing accumulation of dilapidations. Section 9 action has, however, again been restricted and in most cases pressure has been applied in an informal way in order to avoid extreme measures in circumstances where costs of repairs are so high in relation to low income from many occupied dwelling-houses. There still remains old, worn out and out-moded dwelling-house property in the City which on some sites must be cleared in order to allow for re-development. There are on the other hand many dwelling-houses which though old, damp and lacking modern amenities are structurally stable, reasonably well provided with light and ventilation and capable—at a price—of being made comfortable units of accommodation quite suitable for many families if they are prepared to meet, by increased rentals, some of the cost of restoration. Such cost could in many cases be carried out at rentals still well below those of many modern Council houses. Some time was spent during the year in revising survey figures which resulted from a rapid examination of the housing conditions in the City in 1950. As a result of further examination it would seem that there are approximately 150 occupied houses in such a condition that demolition is imperative, together with 81 unoccupied houses awaiting demolition following pre-war statutory housing action. Houses which require detailed assessment preparatory to major housing action total well over 1,000, about 50% being within the St. Ebbe's Proposed Re-development Area which still awaits final confirmation. Houses in need of thorough inspection under the Housing Acts total over 6,000. It will be seen, therefore, that a considerable programme of housing work faces the Department and a start will be made in 1954 with the detailed survey which is obviously necessary.

Closing down of houses on the new Telephone Exchange building site was nearly concluded, but demolition work had not commenced by the



end of the year. 16 Dwelling-houses continue to be occupied on six monthly licences despite the partial revocation of Defence Regulation 68AA, as only these houses remain of those previously licensed and the number should rapidly become less as occupants are re-housed.

The Housing Repairs and Rents Bill issued late in the year proposes to give impetus to proposals outlined in a White Paper entitled—“Houses—The Next Step”. The Government have decided to take a forward step in slum clearance and repair work in view of public concern over the situation and intend to press for a five year programme of demolition, clearance and repair of dwelling-house property. Attempt is being made to improve the financial aspect of the repair situation by providing for increased rentals under certain conditions of fitness and for the payment of *exchequer* contributions in connection with a scheme of what is termed “deferred demolition”. The grants in the Bill suggested are meant to encourage acquisition by Local Authorities of large groups of out worn property fit only for eventual clearance and re-development. The Government hope that the suggestions regarding increased rentals will also encourage owners to make and keep fit dwelling-houses which otherwise might be allowed to deteriorate into a condition where thorough repair would be beyond reasonable expense. The Bill also sets out certain matters to which regard is to be had when considering the fitness of a house. Although claimed by Government speakers to be a definite standard it is strictly not a standard so much as a general guide to systematic consideration of the various important factors governing housing fitness. No definite yard stick is yet available in any housing legislation, the only reference being contained in the 1946 Housing Advisory Committee Report on standards of fitness. The Government proposals will, no doubt, gear up housing activity, requiring rapid appraisal of their present situation by all Local Authorities with a continued acceleration of actual housing inspections and action thereafter until the major problem has been resolved. National shortages of staff will hamper and economic difficulties will most certainly obstruct progress, while it will be interesting to see how long it will be before much noticeable effect is felt on the general housing position. Housing improvements locally under the 1949 Act have been practically a dead letter and it is still questionable whether the new provisions regarding grants will materially improve the situation. The fact is, of course, particularly where the small landlord is concerned, that there is lack of ready money for major housing work and only large housing organisations can afford heavy outlay on a long term recovery basis.

**Number of New Houses erected during the year:—**

(i) By Local Authority

Temporary Pre-fabricated	..	..	..	—
Non-Traditional	..	..	..	159
Traditional Houses	..	..	..	76

(ii) By the Local Authority outside City						
Non-Traditional	..	..	..	..	..	120
Traditional	..	..	..	..	..	2
(iii) By other Local Authorities	..	..	..	..	..	—
(iv) By other bodies and persons	..	..	..	..	..	82
						<hr/> 439 <hr/>

**Inspection of Dwelling-houses during the year:—**

(1) (a)	Total number of dwelling-houses inspected for Housing defects (under Public Health or Housing Acts) ..	874
(b)	Number of inspections made for the purpose .. ..	2556
(2) (a)	Number of dwelling-houses (included under sub-head above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932 ..	84
(b)	Number of inspections made for the purpose .. ..	229
(3)	Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation .. .. .	37
(4)	Number of dwelling-houses (exclusive of those referred to under the proceeding sub-head) found not to be in all respects reasonably fit for human habitation .. ..	837

**Remedy of defects during the year without the service of formal notices:—**

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers	.. .. .	295
---	---------	-----

**Action under Statutory Powers during the year:—**

A. *Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936:—*

(1) Number of dwelling-houses in respect of which notices were served requiring repairs .. .. .	2
(2) Number of dwelling-houses which were rendered fit after service of formal notices:—	
(a) By owners .. .. .	1
(b) By Local Authority in default of owners .. .. .	3



*B. Proceedings under Public Health Acts:—*

- |  |   |
|--|---|
| (1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied .. .. | 1 |
| (2) Number of dwelling-houses in which defects were remedied after service of formal notices:—               |   |
| (a) By owners .. .. .  | 2 |
| (b) By Local Authority in default of owners .. ..  | — |

*C. Proceedings under Sections 11 and 13 of the Housing Act, 1936:—*

- |   |    |
|---|----|
| (1) Number of dwelling-houses in respect of which Demolition Orders were made .. .. . | 11 |
| (2) Number of dwelling-houses demolished in pursuance of Demolition Orders .. .. .    | 4  |

*D. Proceedings under Section 12 of the Housing Act, 1936:—*

- |   |   |
|---|---|
| (1) Number of separate tenements or underground rooms in respect of which Closing Orders were made.. .. .   | — |
| (2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit .. .. | 1 |

*E. Proceedings under the Local Government (Miscellaneous Provisions) Act, 1953:—*

- |  |   |
|--|---|
| Number of Dwelling-houses in respect of which Closing Orders were made .. .. . | 1 |
|--|---|

## Repairs and Improvements carried out, 1953

Matters dealt with	Dwelling Houses	Food Premises	Other Premises	Total
Accumulations .. .. .	2	2	—	4
Animal Nuisances .. ..	2	—	—	2
Cooking Accommodation ..	3	1	—	4
Dampness .. .. .	29	—	—	29
Dustbins .. .. .	19	12	1	32
Drains Tested .. .. .	3	—	—	3
Drains/Waste Pipes Cleared ..	26	2	1	29
Drains/Waste Pipes, etc. Repaired	25	3	1	29
Doors/Windows Repaired ..	45	—	—	45
Ditches/Streams Cleansed ..	3	2	—	5
Floors .. .. .	39	4	—	43
Food Stores .. .. .	—	3	—	3
Gutters, Spouting .. ..	53	1	—	54
Hot Water Supply .. ..	2	11	—	13
Lighting Improved .. ..	—	2	—	2
Roofs .. .. .	78	—	—	78
Rooms Cleansed/Redecorated ..	16	21	2	39
San. Accom. Prov/Rep. ..	32	—	2	34
San. Accom. Cleansed and Re-decorated .. .. .	4	6	—	10
Sinks/Wash Basins Rep/Prov. ..	15	2	—	17
Stables Cleansed .. .. .	—	—	1	1
Ventilation Improved .. ..	2	3	3	8
Walls and Chimneys (External) ..	30	4	1	35
Walls and ceilings (Internal) ..	73	16	2	91
Water Supply Prov/Reinstated ..	3	—	—	3
Water Heaters Provided .. ..	—	5	—	5
Water Supply Installed .. ..	—	2	—	2
Yards Repaired, etc. .. ..	5	—	—	5
Other Nuisances .. .. .	22	2	4	28
Fireplaces Repaired .. ..	5	—	—	5
Rat Proofing .. .. .	1	1	1	3
Cleansing of Walls and Wash House	—	1	—	1
Removal of W.C. from Food Room	—	1	—	1
Name and Address of Van ..	—	—	3	3
Caravan Removed .. .. .	—	—	1	1
Overcrowding Abated .. ..	2	—	—	2
Totals .. .. .	539	107	23	669

## (C) SUPERVISION OF MILK, MEAT AND OTHER FOOD SUPPLIES

## (i) Milk and Milk Products

There were on the register at the end of the year 48 distributors of milk of whom 2 operated heat treatment plants approved under the Regulations. Of these heat treatment plants one is of the holder type and one a high temperature short time pasteurisation installation. A third small holder plant was being tested at the end of the year with a view to operation in the new year.

14 Shopkeepers sell only dairy bottled milk and the local Co-operative Society has commenced the sale of sterilised milk in bottles.



The minimum standard for milk quality remains at 3% milk fat and 8.5% solids-not-fat with a minimum fat content of 4% in the case of Channel Islands milk. The average return for the 103 samples submitted to the City Analyst during the year was fat 3.49% (3.23%) and non-fatty solids 8.75% (8.58%). This is a pleasing improvement on last year's results. Preliminary sampling and examination by Gerber test was carried out on 52 samples and 28 proved unsatisfactory leading to further samples being sent to the City Analyst. Of the total samples submitted to the City Analyst 70 were informal and 33 formal. One prosecution resulted after the discovery of a rather large percentage of water in a farm milk supply on delivery to a local processing depot. Fines amounting to £30 with £17 17s. 0d. costs were imposed by the City Magistrates.

Notification was received with satisfaction near the end of the year that the City is included in a "Special Designation" area in which only heat treated milk or tuberculin tested raw milk may be sold; the date of operation is to be 1st April, 1954.

Of the 139 (210) samples of Raw Tuberculin tested milk subjected to the Methylene Blue test for keeping quality only 6 (41) or 4.3% (19.5%) failed, this being a great improvement on the returns for 1952. Very little Ungraded Raw milk is sold in the district and only 2 samples were subjected to the Methylene Blue test, both being satisfactory. Of the heat treated milks sampled only 12 (14) or 1.5% (2.3%) of the 667 (614) samples failed the Methylene Blue test, while 3 (4) or just over 0.45% (0.66%) of 661 samples failed to satisfy the Phosphatase test. This is an even better record than that of last year, and indicates continuation of efficient heat treatment of the City milk supply.

A number of milk tests were again declared void during the summer period due to excessive temperature at the Laboratory, but the total was much less than last year. There is still, apparently, no acceptable method of overcoming this unfortunate circumstance in laboratory routine.

All the samples of Sterilised milk satisfied the special Turbidity test which indicates satisfactory heat treatment.

	Samples Tested	Satis. (Normal Lab. Temp.)	Satis. (Abnormal Lab. Temp.)	Total Satis.	Declared Void	Failed
<i>Raw Milk</i> (Methylene Blue Test)						
T.T. (farm bottled)	77	73	—	73	—	4
T.T. .. ..	62	60	—	60	—	2
Ungraded ..	2	2	—	2	—	—
Total ..	141	135	—	135	—	6
<i>Heat Treated Milk</i> (Methylene Blue Test)						
Pasteurised ..	354	290	43	333	14	7
T.T. (Pasteurised)	313	256	34	290	18	5
Total ..	667	546	77	623	32	12
<i>Heat Treated Milk</i> (Phosphatase Test)						
Pasteurised ..	348	347	—	347	—	1
T.T. (Pasteurised)	313	311	—	311	—	2
Total ..	661	658	—	658	—	3
<i>Heat Treated Milk</i> (Turbidity Test)						
Sterilised ..	18	18	—	18	—	—
Total	18	18	—	18	—	—

### *Tubercle Bacilli in Milk.*

286 (237) samples of milk were submitted for biological test for the presence of tubercle bacilli, 2 (4) samples or 0.7% (1.7%) being returned as positive, involving the herds of two producers. The offending milks in both cases were subjected to heat treatment before sale and steps were taken to secure eradication of the affected animals by notifying the Animal Health Division of the Ministry of Agriculture and Fisheries and the County Councils concerned.

### *Ice Cream*

The numbers of dealers registered in connection with the handling and sale of ice cream continued to increase, there being 322 (270) on the register at the end of the year, with 7 (9) manufacturers operating within the City. Most of the ice cream sold in the City is pre-wrapped or in containers and the hygienic standard achieved generally continues to be satisfactory. There is no doubt that considerable attention has been given by the ice cream trade to the maintenance of a high standard of hygiene both in manufacture and in handling. 1013 (991) inspections of premises were carried out and 90 (199) samples of ice cream were examined by the Methylene Blue test which indicates the bacteriological cleanliness of the



sample. Most of the ice cream now supplied in the City is the product of only two or three large firms of national repute and the reduction in the number of ice cream samples is mainly due to this circumstance. More attention was given to the products of local manufacturers although systematic sampling of all supplies in the City was maintained. The following are the results over the last four years.

		1953	1952	1951	1950
Satisfactory	{Grade 1	57	104	138	67
	{Grade 2	22	53	30	58
Unsatisfactory	{Grade 3	11	24	14	35
	{Grade 4	—	18	8	13

87.7% (78.9)% of the samples taken during 1953 were declared satisfactory, this being an improvement on the previous year. It is pleasing to note that no Grade 4 results were returned and those samples showing Grade 3 results were followed up in each case. The majority of these resulted from an investigation of a local manufacturer's supply which was the cause of some concern during the summer. A faulty homogenizer was discovered and after a general overhaul of plant and method, Grade 1 results were consistently achieved.

In June 1953 the standard for quality of ice cream was fixed at 5% fat, 10% sugar and 7½% milk solids other than fat, and 35 samples (38) taken during the year for analysis by the City Analyst proved satisfactory in all cases. 11 Samples (8) reached 10% or over of fat content, the general average being somewhat higher than the previous year (8.91% as against 8.24%). 7 (3) samples of ice lollies were taken during the year and were returned as satisfactory and free from metallic contamination.

## (ii) Clean Food Campaign

Constant attention was given during the year to all premises wherein food is manufactured or handled, with special attention to several cafe kitchens in the City which were considered rather unsatisfactory. Despite the high cost of improvement works three premises were considerably improved and conditions made easier for kitchen staff. The general standard of hygienic handling of food within the City is good although from time to time it is obvious that personal habits among food handling staff are not always what they might be; failure to cover consignments of food transported through the streets has occasionally been noted, the licking of fingers and carelessness in handling of food products has also been a matter for concern at times. Visits were paid to canteens and kitchens throughout the hospital organisation and pleasing co-operation has been established with that body. Invitations to address various interested organisations were accepted during the year and considerable interest has been shown in connection with food handling. There is no doubt that

standards are continuing to improve and it is felt that the public could and should themselves accelerate these improvements in local premises by indicating their dis-satisfaction wherever occasion demands. Complaints of unclean habits were on the whole few, and after distribution of copies of Bye-laws it is hoped that food handling staffs throughout the City will continue to give constant attention to the details of hygienic food handling. No prosecutions were found necessary during the year, and Inspectors are continuously engaged in advising on improvements during their routine visits.

### Inspection of Food Premises

The following is a summary of food premises in the City together with visits made during 1953.

Premises	No.	Visits
Butchers .. .. .	74	836
Fishmongers and Poulterers .. .. .	27	515
Fruiterers and Greengrocers .. .. .	90	301
Grocers .. .. .	240	1,048
Bakehouses .. .. .	22	322
Cake Shops .. .. .	17	39
Confectioners .. .. .	51	124
Dairies and Milkshops .. .. .	38	405
Restaurants, Cafes, Snackbars and Canteens .. .. .	83	778
Open Stalls, Carts, etc. .. .. .	—	919
St. Giles' Fair Food Stalls .. .. .	35	527
Ice Cream Retailers Registered .. .. .	322	822
Ice Cream Manufacturers Registered .. .. .	7	191
Food Preparing Premises Registered .. .. .	76	550
Miscellaneous Visits .. .. .	—	595
Visits <i>re</i> Sampling .. .. .	—	837
Totals .. .. .		8,809

### (iii) Meat Inspection

Slaughtering continued during the year under the arrangements supervised by the Ministry of Food at two slaughterhouses in the City—Eastwyke Farm and the Co-operative Society premises in Henry Road. The number of animals slaughtered and inspected during the year was slightly lower than the previous year but higher than the average for the last ten years. Despite certain improvements carried out by the Ministry the premises are below standard in hygienic arrangements and cope with throughput with considerable inconvenience to those working on the premises and with an inevitable lowering of the standards of hygienic handling of carcasses. The Ministry have not yet indicated their intentions in so far as the siting of a modern abattoir in the district is concerned despite enquiry by the City Council. It is hoped that the intentions of the Ministry regarding moderate concentration of slaughterhouses throughout the country will be made known as soon as possible in order that arrangements locally may be made in good time.

No. of visits to slaughterhouses .. .. .

834



No. of carcasses examined:—

Bulls	..	..	..	..	..	..	114
Bullocks	..	..	..	..	..	..	2,163
Cows	..	..	..	..	..	..	797
Heifers	..	..	..	..	..	..	2,230
Calves	..	..	..	..	..	..	4,198
						—	9,502
Sheep	..	..	..	..	..	..	15,017
Swine	..	..	..	..	..	..	4,514
Total	..	..	..	..	..	..	29,033

The following figures show the extent of the work of Meat Inspection during the last twenty years—1934/1953—under the Public Health (Meat) Regulations.

Year	Total number of animals inspected	Total number of visits in connection with meat inspection
1934	27,012	5,996
1935	26,208	5,946
1936	29,252	5,525
1937	29,846	5,067
1938	28,201	5,157
1939	29,661	4,365
1940	81,988	952
1941	70,322	984
1942	48,529	1,095
1943	39,772	1,021
1944	38,579	911
1945	35,976	969
1946	35,301	1,015
1947	30,313	987
1948	24,761	1,001
1949	25,849	980
1950	28,732	1,096
1951	23,303	811
1952	30,700	779
1953	29,033	834

### Cysticerous Bovis

Only 10 suspected cases of this cystic stage of tape-worm were discovered and all were referred for cold storage precautions; 5 cases were eventually reported by the Radcliffe Pathological Laboratory as being viable stages of *C. Bovis*. Decrease in the incidence continued from 41 in 1950, 29 in 1951, 10 in 1952 to 5 this year. All proved cases were confined to the cheek muscles of the animals concerned, and the remaining 5 were returned as degenerating cysts of uncertain origin.

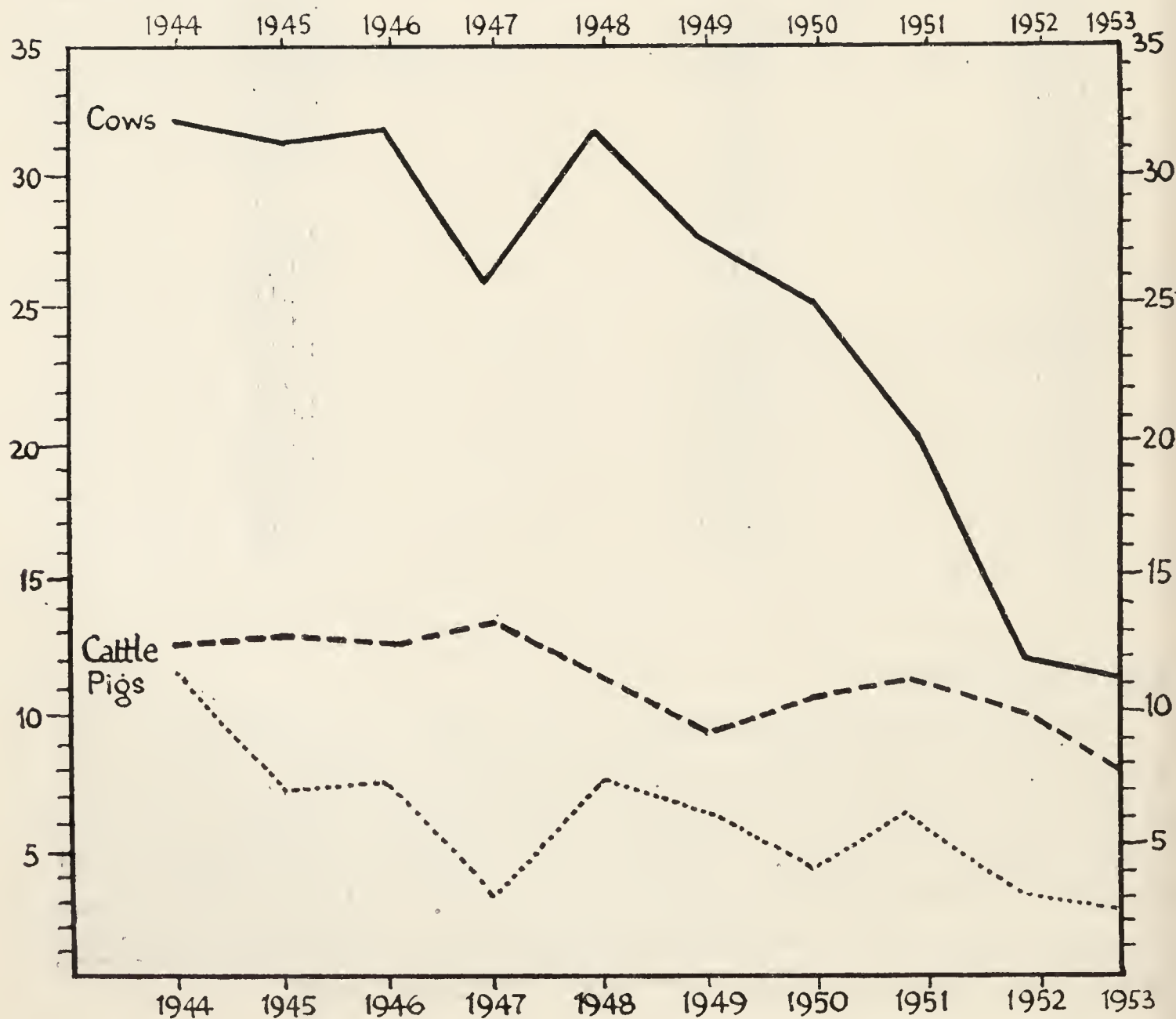
Tuberculosis

The downward trend in the incidence of tuberculosis in cattle continues and it is most encouraging to mark a further decrease in the percentage affected particularly in cow carcasses. The following are figures since 1944.

Percentage of Animals affected with Tuberculosis

	Cattle	Cows	Calves	Pigs
1944	12.4	32.4	0.4	11.2
1945	12.8	31.5	0.4	7.0
1946	12.4	31.8	0.3	7.2
1947	13.3	26.2	0.4	3.2
1948	11.1	31.7	0.5	7.4
1949	9.1	27.6	0.1	5.9
1950	10.4	25.4	0.1	4.0
1951	11.0	20.3	0.1	5.9
1952	9.8	12.0	0.09	3.0
1953	7.5	11.2	0.09	2.2

Trend over 10 years







## Total Condemnation of Meat, 1953

						lbs.	lbs.
English Meat ..	..	..	..	..	..	81,515 $\frac{3}{4}$	
Imported Meat ..	..	..	..	..	..	458	
						————	81,973 $\frac{3}{4}$

## Condition

1. Tuberculosis ..	..	..	..	..	..	32,391	
2. Other Diseases ..	..	..	..	..	..	45,433 $\frac{1}{4}$	
3. Decomposition ..	..	..	..	..	..	4,149 $\frac{1}{2}$	
						————	81,973 $\frac{3}{4}$

No formal seizures were made nor legal proceedings taken during the year.



CONDITION	WHOLE CARCASSES & ALL ORGANS			PART CARCASSES			HEADS & TONGUES			LUNGS			HEARTS			LIVERS			STOMACHS & INTESTINES			OTHER ORGANS			TOTAL WEIGHT		
	Bovines	Sheep	Swine	Bovines	Sheep	Swine	Bovines	Sheep	Swine	Bovines	Sheep	Swine	Bovines	Sheep	Swine	Bovines	Sheep	Swine	Bovines	Sheep	Swine	Bovines	Sheep	Swine	Bovines lbs.	Sheep lbs.	Swine lbs.
Abscesses ..	—	2	1	7	7	6	5	—	2	15	8	3	4	8	2	213	12	2	8	—	2	15	2	1	4,148	237½	594
Actino Mycosis } Bacillosis }	—	—	—	1	—	—	60	—	—	3	—	—	—	—	—	—	—	—	1	—	—	1	—	—	2,028	—	—
Angioma ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	76	—	—	—	—	—	—	—	—	1,267	—	—
Cirrhosis ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	43	—	—	—	—	—	—	—	—	428½	—	—
Cysticercus Bovis ..	—	—	—	—	—	—	9	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	278	—	219
Cysts ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	483	—	23
Distomatosis ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	12	111	—	—	—	—	1	—	—	12,180½	281½	—
Emaciation ..	7	6	10	—	—	—	—	—	—	5	1	—	—	—	—	1119	541	—	—	—	—	—	—	—	1,396	1,167½	—
Erysipelas ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	238	453
Fatty Degeneration ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	10	5	—	—	—	—	—	—	—	196	—	76
Fevered Condition ..	7	11	7	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—	—	3,120	740	—
Imaturity ..	6	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	175	38	—
Inflammatory Condition	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1,392½	54½	491
Injury ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3,114¼	92	680½
John's Disease ..	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1,936	—	—
Melanosis ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	3	—
Metritis (Septic) ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	60	—
Moribund Condition ..	2	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	29	—
Necrosis ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	928	5	—
Oedema ..	2	7	1	—	—	—	—	—	—	—	—	—	—	—	—	8	3	—	—	—	—	—	—	—	61	410	123
Parasitic Condition ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	648	5	16
Pericarditis ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	28	437	469½
Pneumonia ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	70	6	85
Pyæmia ..	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	183	76	265
Toxaemia ..	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	540	—	—
Tumours ..	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	500	—	—
	28	30	28	69	30	27	80	2	4	121	116	104	19	34	106	1492	841	110	114	1	18	47	12	31	35,971¼	3,888	5,574

Grand Total 45,433½ lbs

#### (iv) Sampling of Food and Drugs

Of the 255 samples submitted for examination by the Public Analyst 37 were returned as non-genuine, 19 of these being samples of milk, (8 formal and 11 informal samples). A number of these were found below the minimum legal standard in fat and/or solids-not-fat content, but follow-up samples proved satisfactory. In 5 cases "appeal to cow" samples were also found below standard. 3 of the formal samples taken were the basis of the prosecution mentioned under "Milk and Milk Products", resulting in fines and costs totalling £47 17s. 0d. As already pointed out results in connection with milk analyses were more satisfactory this year and it is hoped that this state of affairs will continue.

35 Ice Cream samples were taken during the year and all proved genuine. The average fat content was 8.91% and all samples satisfied the non-fatty solids and sugar standards. 7 Samples of ice lollies were taken and all returned as free from metallic contamination, but varying in sugar content from 9.55% to a trace only; the higher priced lollies contained a certain amount of fruit juice but the cheaper merely artificial flavouring and colouring matter.

5 Cases of incorrect labelling were discovered during sampling procedure involving rum and butter toffee, Garlisol (a patent throat gargle), Cod Liver Oil Emulsion, Glycerine-Honey and Lemon, and "Indian Brandee". In all cases attention was drawn to the matter and arrangements made for withdrawal of stocks and re-labelling as advised by the City Analyst. In no case was it thought necessary to take the matter further.

There were, in addition, 3 cases of butter toffees found deficient in butter fat content and warnings were issued in each case resulting in the withdrawal of one commodity pending an improved process which will ensure an adequate butter fat content. One sample of a throat specific was found to contain excess of sulphuric acid and a certain amount of a detergent—Teepol. Investigation failed to find the reason for the presence of this detergent and other samples examined were found free. A subsequent sample taken proved free from Teepol, but still had an excess of sulphuric acid and the City Analyst referred the matter to the Pharmaceutical Society who secured a correction in the formula of the medicine.

In the case of a throat gargle containing garlic and formaldehyde the City Analyst conferred with the manufacturers who eventually agreed to an alteration in labelling. 2 Samples of Yugoslavian ham were sent for examination in connection with an unsatisfactory consignment and on the advice of the City Analyst, following examination, the consignment was condemned and destroyed on account of a flavour resembling crude mineral oil; a number of cases were also blown and it was considered likely that the unsatisfactory taste was due to bacterial growth. One sample of



table jelly appeared to have been contaminated with disinfectant, but no further stock was found; both manufacturer and wholesaler were advised of the circumstances.

12 Samples of sausages or sausage meat were taken during the year and examined for meat content; 5 of beef varied in price from 1/6 to 2/- per pound and in meat content from 50% to 58%, all being considered genuine. In the case of the pork sausages, 7 samples were examined varying in price from 2/6 to 3/- per pound and in meat content from 50% to 70%. In the case of the low meat content of 3 pork sausage samples the matter was reported to the Health Committee who issued a warning to the manufacturers concerned.

There was the usual large quantity of foodstuffs surrendered for destruction by tradesmen and steps were taken to dispose of this material so that it could not be used for human consumption. From time to time communications have been received from food manufacturers in connection with endeavours to encourage dealers to return to them any unsatisfactory material as a condition of obtaining credit. It is, of course, quite fair to say that all reasonable manufacturers are interested in the quality of their products and are anxious to improve their processes wherever circumstances suggest the need. While having every sympathy with this desire and being willing to co-operate with manufacturers by sending information and holding back samples, the Certificate of the Food Inspector should be ample cover for a dealer's credit provided carelessness in storage or handling by him is not the reason for the failure of the foodstuffs concerned. Traffic in unsound and unsatisfactory material may give rise to leakage into the open market and so provide a channel for illicit food trading.

## FOOD AND DRUGS ACT, 1938

### Samples taken for Analysis during the year 1953

Article.	No. of Samples obtained			Results of Analysis	
	Formal	Informal	Total	Genuine	Non-Genuine
Buns, Cream .. ..	—	1	1	1	—
Butter .. ..	—	3	3	3	—
Cake Mixture .. ..	—	4	4	4	—
Cheese .. ..	—	2	2	1	1
Cod Liver Oil .. ..	—	1	1	—	1
Coffee .. ..	1	—	1	1	—
Coffee Chicory Essence	—	2	2	2	—
Colouring .. ..	—	2	2	2	—
Confectionery .. ..	2	9	11	6	5
Cream .. ..	—	2	2	2	—
Dripping .. ..	—	1	1	1	—
Fish Cakes .. ..	—	1	1	1	—
Flavouring .. ..	—	2	2	1	1
Flour .. ..	—	2	2	2	—

Article.	No. of Samples obtained			Result of Analysis	
	Formal	Informal	Total	Genuine	Non- Genuine
Fruit, Dried .. ..	—	1	1	1	—
Fruit Juice/Cordial ..	1	5	6	6	—
Glucose Tablets and Powder .. ..	—	2	2	2	—
Herbs .. ..	—	1	1	1	—
Ice Cream .. ..	—	35	35	35	—
Ice Lollies .. ..	—	7	7	7	—
Ice Lollie Compound	—	1	1	1	—
Jam .. ..	—	1	1	1	—
Jelly .. ..	—	3	3	2	1
Liver Sausage ..	—	1	1	1	—
Marmalade .. ..	—	1	1	1	—
Marshmallow Cream	—	1	1	1	—
Marzipan .. ..	—	1	1	1	—
Meat, Canned.. ..	—	4	4	2	2
Meat, Cooked .. ..	—	1	1	1	—
Milk .. ..	33	70	103	84	19
Milk, Condensed ..	—	1	1	1	—
Olive Oil .. ..	—	1	1	1	—
Paste, Meat/Fish ..	—	5	5	5	—
Pastry, Puff .. ..	—	1	1	1	—
Pepper .. ..	—	2	2	2	—
Pudding Mixture ..	—	1	1	1	—
Saccharin Tabs. ..	—	1	1	1	—
Salad Dressing ..	—	3	3	3	—
Sauce .. ..	—	4	4	4	—
Sausages .. ..	2	9	11	8	3
Sausage Meat .. ..	—	1	1	1	—
Soup .. ..	—	2	2	2	—
Spice .. ..	—	1	1	1	—
Tea .. ..	—	1	1	1	—
Vinegar (Cider) ..	—	1	1	1	—
Vinegar, Malt.. ..	—	1	1	1	—
Drugs:—					
Aspirin Tablets ..	—	1	1	1	—
Boracic Acid Crystals	—	1	1	1	—
Calamine Lotion ..	—	1	1	1	—
Camphorated Oil ..	—	1	1	1	—
Cough Mixture ..	—	1	1	—	1
Cream of Tartar ..	—	1	1	1	—
Eucalyptus Oil ..	—	1	1	1	—
Friars Balsam .. ..	—	1	1	1	—
Gargle .. ..	—	3	3	—	3
Throat Tablets ..	—	1	1	1	—
Zinc & Castor Oil ..	—	1	1	1	—
Chlorodyne .. ..	—	1	1	1	—
Totals .. ..	39	216	255	218	37



Table of Adulterations

No. of Sample		Article	Result of Analysis	Action taken
Informal	Formal			
16		Milk	11.7% deficient in fat	Further sample satisfactory.
	17	Milk	2.9% deficient in solids not fat, 2.6% added water	
	18	Milk	2.0% deficient in fat, 1.2% deficient in solids not fat	
33		Milk	2.0% deficient in solids not fat	Warning letter to producer.
35		Milk	2.4% deficient in solids not fat	
36		Milk	6.7% deficient in fat	
37		Milk	6.7% deficient in fat	Appeal-to-cow samples Freezing points showed them to be genuine.
38		Milk	3.3% deficient in fat	
			2.0% deficient in solids not fat	
40		Indian Brandee	Incorrectly labelled	Arrangements agreed for re-labelling of stock
41		Glycerine-Honey and Lemon	Incorrectly labelled	
58		Milk	1.9% deficient in solids not fat	
61		Milk	20% deficient in fat	Borderline case. No action taken. Formal samples taken Nos. 74, 75 and 76. Warning letter sent.
	75	Milk	5% deficient in fat	
	76	Milk	10% deficient in fat	
93		Cod Liver Oil Emul.	Incorrectly labelled	Unsold stock withdrawn from sale.
95		Perfection Butters	Deficient in butter fat content	
99		Pork Sausages	Deficient in meat content	
101		Throat Specific	Excess of sulphuric acid—Contained Teepol	Formal sample taken—No. 102 Further sample taken—No. 104.
	102	Pork sausages	Deficient in meat content	
104		Throat Specific	Excess of sulphuric acid	
	110	Perfection butters	Deficient in butter fat content	Matter referred to the Pharmaceutical Society by Public Analyst. Manufacturer to make necessary correction. Warning letter sent to manufacturer.
	119	Milk	20.0% deficient in fat 13.4% deficient in solids not fat. 15.9% added water	
	121	Milk	11.1% deficient in solids not fat. 11.7% added water	
	125	Milk	27.7% deficient in fat. 16.2% deficient in solids not fat. 16.3% added water	Producer prosecuted under Section 3, Food and Drugs Act, 1938. Fined £10 on each charge and £17/17/- costs
127		Ham (Yugoslavian)	Unsound	
128		Ham (Yugoslavian)	Unsound	

Consignment condemned and destroyed.

No. of Sample		Article	Result of Analysis	Action taken
Informal	Formal			
	139	Butterscotch	Deficient in butter fat	Warning issued to Manufacturer.
188		Table Jelly	Contaminated with disinfectant	Manufacturer and wholesaler advised.
194		Garlisol	Incorrectly labelled	No further stock held.
195		Buttered Cracknells	Deficient in butter fat	Public Analyst in correspondence with Manufacturer.
203		Milk	5.0% deficient in fat	Commodity withdrawn from Manufacturer after correspondence and new process being commenced by the firm.
204		Milk	3.3% deficient in fat	Follow-up samples found to be genuine.
218		Cheese	Poor quality. Rancid	
220		Pork sausages	Meat content 57%	Cheese condemned. All remaining stock disposed of. Retailer advised.
227		Milk	2.4% deficient in solids not fat	Manufacturer informed of inferior quality. Meat content to be increased. Further samples being taken.
	235	Milk	1.2% deficient in solids not fat.	Formal sample 235 taken.
245		Rum and Butter Toffee	Incorrectly labelled	Formal sample returned as inferior quality but genuine. Manufacturer agreed to withdraw present label. New label to be subject to agreement.

### Foodstuffs Surrendered for Destruction

Commodity.									Weight in lbs.
Bacon	..	..	..	..	..	..	..	..	686 $\frac{1}{4}$
Biscuits	..	..	..	..	..	..	..	..	472 $\frac{1}{2}$
Butter	..	..	..	..	..	..	..	..	33
Cakes	..	..	..	..	..	..	..	..	172 $\frac{1}{2}$
Cake Mixture	..	..	..	..	..	..	..	..	12 $\frac{3}{4}$
Cereals	..	..	..	..	..	..	..	..	36 $\frac{1}{2}$
Cheese	..	..	..	..	..	..	..	..	520 $\frac{3}{4}$
Confectionery	..	..	..	..	..	..	..	..	23
Eggs	..	..	..	..	..	..	..	..	26 $\frac{1}{2}$
Fish	..	..	..	..	..	..	..	..	513
Flour	..	..	..	..	..	..	..	..	45 $\frac{1}{2}$
Fruit	..	..	..	..	..	..	..	..	259 $\frac{1}{2}$
Honey	..	..	..	..	..	..	..	..	15 $\frac{1}{2}$
Ice Cream Powder	..	..	..	..	..	..	..	..	97
Jam	..	..	..	..	..	..	..	..	35
Jellies	..	..	..	..	..	..	..	..	1
Meat, Manufactured	..	..	..	..	..	..	..	..	295
Mince Meat	..	..	..	..	..	..	..	..	18 $\frac{1}{2}$
Pickles	..	..	..	..	..	..	..	..	14
Poultry	..	..	..	..	..	..	..	..	214
Rabbits	..	..	..	..	..	..	..	..	58
Rice	..	..	..	..	..	..	..	..	286 $\frac{1}{2}$



Commodity.								Weight in lbs.	
Sauces .. .. .	..	..	..	..	..	..	..	30	$\frac{1}{4}$
Sausages .. .. .	..	..	..	..	..	..	..	546	$\frac{3}{4}$
Soup Powders .. .. .	..	..	..	..	..	..	..	30	
Sugar .. .. .	..	..	..	..	..	..	..	30	
Vegetables .. .. .	..	..	..	..	..	..	..	130	$\frac{3}{4}$
Miscellaneous .. .. .	..	..	..	..	..	..	..	89	$\frac{1}{2}$
								4,693	$\frac{1}{2}$
Canned—									
Fish .. .. .	..	..	..	..	..	..	..	443	$\frac{1}{2}$
Fruit .. .. .	..	..	..	..	..	..	..	9,660	$\frac{1}{4}$
Jam .. .. .	..	..	..	..	..	..	..	710	$\frac{1}{2}$
Meat .. .. .	..	..	..	..	..	..	..	5,287	$\frac{1}{2}$
Milk .. .. .	..	..	..	..	..	..	..	965	$\frac{1}{2}$
Soup .. .. .	..	..	..	..	..	..	..	136	$\frac{1}{4}$
Vegetables .. .. .	..	..	..	..	..	..	..	2,583	
Miscellaneous .. .. .	..	..	..	..	..	..	..	524	$\frac{1}{2}$
								20,311	
Total .. .. .	..	..	..	..	..	..	..	25,004	$\frac{1}{2}$

### Merchandise Marks Act, 1926

282 Visits were made to shops and retailers premises in the City regarding the marking of certain commodities under the provisions of this Act. No statutory action was found necessary, but in one or two instances, particularly in the case of fruit and tomatoes, it was necessary to draw the attention of retailers to the need for proper notices.

### (v) Markets

There are two markets in Oxford, a large covered permanent market, and a weekly open market held every Wednesday at the Oxpens.

The number of food shops at the Covered Market is as follows:—

Butchers and Bacon Dealers	..	..	..	11
Fishmongers and Poulterers	..	..	..	8
Fruiterers and Greengrocers	..	..	..	20
Confectioners	..	..	..	2
Grocers	..	..	..	1
Restaurants	..	..	..	3
				—
				45
				==

The number of food stalls at the open market is subject to considerable variation, but averages as below:—

Fruiterers and Greengrocers	..	..	..	10
Confectioners	..	..	..	3
Ice Cream Dealers	..	..	..	2
Fishmongers	..	..	..	1
Grocers	..	..	..	2
Biscuit Stall	..	..	..	1
Cake Stalls	..	..	..	2
				—
				21
				==

#### (vi) Fertilisers and Feeding Stuffs

8 Formal samples consisting of 3 feeding stuffs and 5 fertilisers were taken for analysis by the Official Agricultural Analyst. One sample of feeding stuff was returned as containing excess oil and in a second case no Statutory Statement was available at the time of purchase. Warnings were issued in both cases and as a result a check was made on the availability of Statutory Statements from a number of traders in the town. There appears to be a general compliance with requirements, but further samples will be taken and visits made, from time to time, with a view to taking such steps as are necessary for the proper working of the Act throughout the City.